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**From:** Benne, Joy  
**Sent:** Wednesday, June 20, 2018 8:58 AM  
**To:** Fooks, Michael  
**Subject:** FW: AFL Service Reports  
**Attachments:** May '18 Service Report.xlsx; May Case Reviews 2018.xlsx

Please see the attached. Thanks.

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

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**From:** Mary Taylor [<mailto:mary@allianceforlifemissouri.com>]  
**Sent:** Tuesday, June 19, 2018 2:58 PM  
**To:** DFAS A2APrograms  
**Subject:** AFL Service Reports

Hi Joy,

Please accept my apologies for the delay in sending you these reports.

If you have any questions, please let me know.

Thanks,

Mary Taylor  
A2A Program Manager  
487 SW Ward Road  
Lee's Summit, MO 64081  
PH: 816-806-4168  
FAX: 855-856-5240  
[www.allianceforlifemissouri.com](http://www.allianceforlifemissouri.com)



*Our Vision: To unify and champion LIFE ministries.*

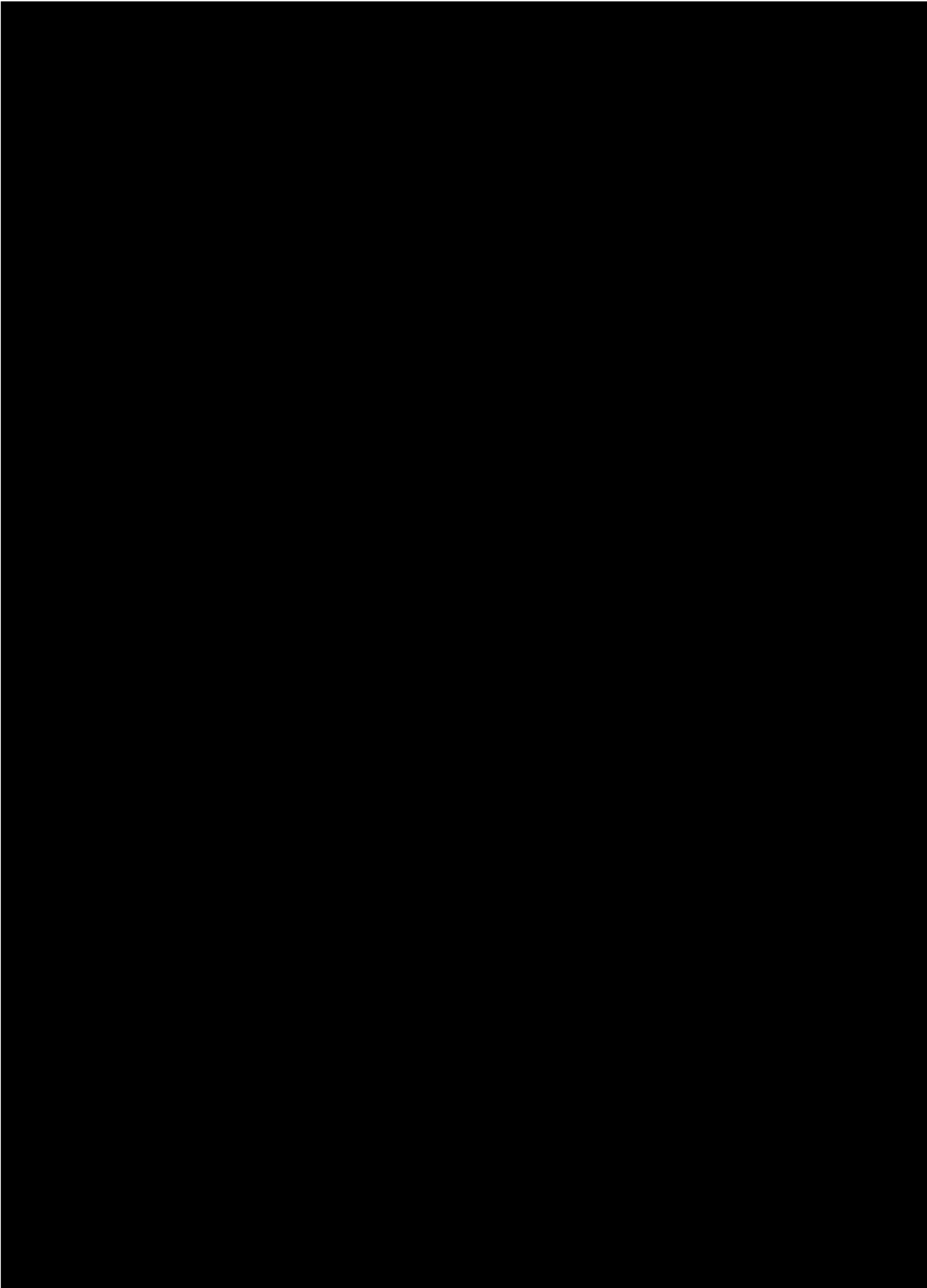
*Our Mission: To save and change lives through **Equipping** people, **Empowering** ministries, and **Engaging** communities toward a culture of LIFE.*



**Alliance for Life - Missouri, Inc.**  
**May 2018 A2A Monthly Service Report**

6/19/2018

1	Number of Clients Enrolled	413
2	Number of Clients engaged in Job Training & Placement or Educational Services	0
3	Number of Fathers who Participated	56
4	Number of Prenatal Skills & Parenting Education Classes Held	50
5	Number of Clients who Attended Prenatal Skills & Parenting Education Classes	115
6	Number of Case Management Hours Provided	1187.68
7	Number of Clients who Participated in Case Management Services	413
8	Number of Bednights Provided to Clients (if applicable)	742
9	Number of Other Classes - (e.g. Money Management, Healty Relationships, Healthy Lifestyles, Self-Esteem, Art Therapy)	0
10	Any additional information that promotes your program.	0



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**From:** Benne, Joy  
**Sent:** Wednesday, June 20, 2018 9:34 AM  
**To:** Jacobs, Gina M  
**Subject:** Alternatives to Abortion - FY19 Renewal and Attachment Updates  
**Attachments:** Attachment 5 Quarterly Expenditure Report Template (FY18) REVISED 3-21-18.xlsx; Attachment 2 Minor Parent Income Determination Formula 6-15-18.docx; Attachment 2A 2018 Income Guidelines (Weekly-Monthly-Annual) 6-19-18.pdf; Attachment 3 Request for Preauthorization for Other Services REVISED 5-15-18.docx; Attachment 4 Client Survey Instructions (Jan-Jun 2018) REVISED 3-27-18.docx; Attachment 4A Customer Satisfaction Survey 3-27-18.docx; CARA (A2A FY19 Funding & Attachment Updates) 6-19-18.docx; SubR (A2A FY19 Funding & Attachment Updates) 6-19-18.docx; A2A Budget (FY19 Renewal) 3-16-18.xlsx

Gina,  
Attached for your review and approval is the FY2019 Alternatives to Abortion Program Services. In FY2019 the contracts will exercise the 2<sup>nd</sup> of 3 renewal options, funding amounts are the same as FY2018, and several attachments (Income Guidelines, Survey, Request for other Services, and Quarterly Expenditure Report) are being updated. I send their invoice out after the award with the amounts included.  
Let me know your thoughts.

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Broadway State Office Building  
221 W. High St., Room 310 - P.O. Box 1082  
Jefferson City, MO 65102-1082  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

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ALTERNATIVES TO ABORTION CONTRACT LIST (CS170042)			Original Contract Period	1st Renewal Funding	Proposed FY19 Allocations	FY19 adjustments per emails	FY19 Renewal Amt's 2nd Renewal (7/1/18 to 6/30/19) Proposed	FY19 Renewal Amt's 2nd Renewal (7/1/18 to 6/30/19) EXECUTED
Totals			\$1,554,090.36	\$6,222,988.84	\$6,272,554.00		\$6,272,554.00	\$6,272,554.00
Provider (contract# extension)	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Alliance for Life - Missouri (001)	2	\$68,800.00	\$28,666.67	\$220,166.65	\$220,166.65		\$220,166.65	
	3	\$270,000.00	\$112,500.00	\$380,681.30	\$380,681.30		\$380,681.30	
	4	\$10,000.00	\$4,166.67	\$246,385.92	\$246,385.92		\$246,385.92	
	5	\$91,332.00	\$38,055.00	\$133,229.05	\$133,229.05		\$133,229.05	
	6	\$454,504.40	\$189,376.83	\$597,304.77	\$597,304.77		\$597,304.77	
	7	\$228,000.00	\$95,000.00	\$325,682.73	\$325,682.73		\$325,682.73	
	8	\$20,000.00	\$8,333.33	\$74,768.84	\$74,768.84		\$74,768.84	
	9	\$24,000.00	\$10,000.00	\$172,118.88	\$172,118.88		\$172,118.88	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Catholic Charities of Southern MO (002)	7	\$233,458.00	\$97,274.17	\$344,847.52	\$253,019.59		\$253,019.59	
	8	\$69,698.00	\$29,040.83	\$56,076.63	\$56,076.63		\$56,076.63	
	9	\$94,500.00	\$39,375.00	\$129,089.16	\$129,089.16		\$129,089.16	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Faith Maternity Care (003)	4	\$88,870.00	\$37,029.17	\$183,323.00	\$184,789.44		\$184,789.44	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
The Haven of Grace (004)	6	\$318,156.95	\$132,565.40	\$505,633.40	\$463,841.07		\$463,841.07	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Laclede County Pregnancy Support Center (005)	5	\$60,888.00	\$25,370.00	\$60,888.00	\$88,819.36		\$88,819.36	
	7	\$114,925.00	\$47,885.42	\$84,925.00	\$252,911.13		\$252,911.13	
	8	\$38,442.00	\$16,017.50	\$30,442.00	\$56,076.63		\$56,076.63	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Light HOUSE Inc (006)	3	\$200,000.00	\$83,333.33	\$280,962.00	\$296,043.16		\$296,043.16	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Lutheran Family & Children's Services of Missouri (007)	1	\$69,783.78	\$29,076.58	\$254,665.69	\$254,665.69		\$254,665.69	
	3	\$173,996.15	\$72,498.40	\$289,190.44	\$296,170.05		\$296,170.05	
	4	\$112,597.68	\$46,915.70	\$184,789.44	\$184,789.44		\$184,789.44	
	6	\$272,711.69	\$113,629.87	\$464,039.97	\$464,039.97		\$464,039.97	
	7	\$167,087.00	\$69,619.58	\$252,911.13	\$252,911.13		\$252,911.13	
	9	\$78,716.24	\$32,798.43	\$129,089.16	\$129,089.16		\$129,089.16	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Mother's Refuge (008)	3	\$151,193.00	\$62,997.08	\$343,778.16	\$296,043.16		\$296,043.16	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Nurses for Newborns (009)	6	\$318,156.95	\$132,565.40	\$478,000.00	\$463,841.07		\$463,841.07	
					\$6,272,554.00		\$6,272,554.00	\$0.00
Total of contracts					\$6,272,554.00		\$6,272,554.00	\$6,272,554.00
FY19 Apprporation per HB 11.120, lines 2-6								
Balance					\$0.00		\$0.00	\$6,272,554.00

The federal funds disclosure information is below - This needs to be updated with current information.

Federal Granting Agency:	Administration for Children and Families (ACF)
Grant Name:	Temporary Assistance for Needy Families (TANF)
Grant Award Year:	FFY17
CAN:	2017G996115
Grant Award (Doc) Number:	1701MOTANF
CFDA Number:	93.558
Federal Award Date:	10/1/2016
per Sheena Frazer 7/5/17	

## **ATTACHMENT 2**

### **MINOR PARENT INCOME DETERMINATION FORMULA**

(Revised June 2018)

**NOTE:** The “minor parent's parent” will be referred to as the “major parent”.

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

**NOTE:** Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

**NOTE:** DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
  - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 2A) for the major parent and their dependents in the household (do not include the minor parent and child).
    - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
  - 2) A \$90 work expense standard for each employed major parent.
  - 3) An amount equal to the full need standard (see Attachment 2A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.

- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

**EXAMPLE:** Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$\$3,000 - 1,732$  (100% of the Federal Poverty Level for 3) = 1,268

$\$1,268 - \$90 = 1,178$

$\$1,178 - \$846$  (full need standard for 3) = \$332

\$332 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

## Attachment 2A

### 2018 INCOME GUIDELINES

(Revised June 2018)

#### 185% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
Annual Income	\$22,464.00	\$30,456.00	\$38,448.00	\$46,440.00	\$54,432.00	\$62,424.00	\$70,416.00	\$78,408.00	\$86,400.00	\$94,392.00	\$102,384.00
Monthly Income	\$1,872.00	\$2,538.00	\$3,204.00	\$3,870.00	\$4,536.00	\$5,202.00	\$5,868.00	\$6,534.00	\$7,200.00	\$7,866.00	\$8,532.00
Weekly Income	\$432.00	\$585.69	\$739.38	\$893.08	\$1,046.77	\$1,200.46	\$1,354.15	\$1,507.85	\$1,661.54	\$1,815.23	\$1,968.92
Bi-weekly Income	\$864.00	\$1,171.38	\$1,478.77	\$1,786.15	\$2,093.54	\$2,400.92	\$2,708.31	\$3,015.69	\$3,323.08	\$3,630.46	\$3,937.85
Hourly wage	\$10.80	\$14.64	\$18.48	\$22.33	\$26.17	\$30.01	\$33.85	\$37.70	\$41.54	\$45.38	\$49.22

#### Major Parent Deeming

#### 100% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
Annual Income	\$12,144.00	\$16,464.00	\$20,784.00	\$25,104.00	\$29,424.00	\$33,744.00	\$38,064.00	\$42,384.00	\$46,704.00	\$51,024.00	\$55,344.00
Full Need Standard - Annual	\$8,136.00	\$8,136.00	\$10,152.00	\$11,880.00	\$13,476.00	\$14,964.00	\$16,464.00	\$17,868.00	\$19,272.00	\$20,664.00	\$22,068.00
Monthly Income	\$1,012.00	\$1,372.00	\$1,732.00	\$2,092.00	\$2,452.00	\$2,812.00	\$3,172.00	\$3,532.00	\$3,892.00	\$4,252.00	\$4,612.00
Full Need Standard - Monthly	\$678.00	\$678.00	\$846.00	\$990.00	\$1,123.00	\$1,247.00	\$1,372.00	\$1,489.00	\$1,606.00	\$1,722.00	\$1,839.00
Weekly Income	\$233.54	\$316.62	\$399.69	\$482.77	\$565.85	\$648.92	\$732.00	\$815.08	\$898.15	\$981.23	\$1,064.31
Full Need Standard - Weekly	\$312.92	\$312.92	\$390.46	\$456.92	\$518.31	\$575.54	\$633.23	\$687.23	\$741.23	\$794.77	\$848.77



## Attachment 3

### Department of Social Services

### Reimbursement Request for Other Services

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

**If applicable, subcontractors are to return this form to their contractor for prior approval.**

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov).*

Authorized signature of Subcontractor: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_\_ Denied \_\_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

**Attachment 4**  
**Alternatives to Abortion (A2A) Program**  
**Client Satisfaction Survey Directions**

1. To save time, and funding, the survey can be printed on one (1) page (duplexed/printed on both sides of one [1] sheet of paper).
2. Pursuant to section 2.4.4 of the A2A contract, every June and December the contractor must administer the Client Satisfaction Survey (survey) to all A2A clients who received A2A program services. Each client should complete one (1) survey.
3. The client should be given a plain sealable envelope with the Contractor's name on the outside of the envelope along with a clean copy of the survey (e.g. survey should not be highlighted or marked in any way). For contractors with subcontractors, the contractor's name, as well as the subcontractor's name, shall both appear on the outside of the envelope. The client shall complete the survey, while not in the presence of the contractor or subcontractor, and return the survey, back to the contractor, in a sealed envelope.
4. Please forward all sealed envelopes no later than July 15 or January 15 to following address:

Alternatives to Abortion Program  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643

**Attachment 4A****ALTERNATIVES TO ABORTION (A2A) PROGRAM  
CLIENT SATISFACTION SURVEY****A2A Provider:****Services Received:** ☐ January through June☐ July through December**How did you hear about the A2A program?** ☐ A2A Website ☐ Internet ☐ Friend☐ Other \_\_\_\_\_**Please rate your experience with the A2A program service you received by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied

3-Neutral

4-Satisfied

5-Extremely Satisfied

NA-Not Applicable/Service not received

<b>A2A Program Service</b>	<b>Circle Rating</b>					
Case Management	1	2	3	4	5	NA
Child Care (babysitting)	1	2	3	4	5	NA
Clothing (mom and/or baby)	1	2	3	4	5	NA
Continuing Education/School	1	2	3	4	5	NA
Counseling	1	2	3	4	5	NA
Domestic Abuse Prevention	1	2	3	4	5	NA
Drug/Alcohol Testing/Treatment	1	2	3	4	5	NA
Finding a Home/Housing Assistance	1	2	3	4	5	NA
Food	1	2	3	4	5	NA
Going Back to School	1	2	3	4	5	NA
Help with an Adoption	1	2	3	4	5	NA
Involving and Teaching the Baby's Father	1	2	3	4	5	NA
Job Placement	1	2	3	4	5	NA
Job Training	1	2	3	4	5	NA
Medical Care Referrals for Me	1	2	3	4	5	NA
Medical Care Referrals for my Baby	1	2	3	4	5	NA
Paying Utilities (Electric/Gas Bills)	1	2	3	4	5	NA
Prenatal Care Referrals	1	2	3	4	5	NA
Supplies	1	2	3	4	5	NA
Teaching Parenting Skills	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Ultrasound Referrals	1	2	3	4	5	NA

**Please rate your experience with the A2A program service provider by using the following scale:**

1-Extremely Dissatisfied      2-Dissatisfied    3-Neutral      4-Satisfied      5-Extremely Satisfied

A2A Service Provider	Circle Rating				
Schedule appointment(s) which are convenient for me.	1	2	3	4	5
Seen at my appointment time(s).	1	2	3	4	5
Able to decide which service(s) I want/need.	1	2	3	4	5
I fully understand the service(s) I am receiving.	1	2	3	4	5
The A2A program service(s) I receive have assisted me in continuing my pregnancy.	1	2	3	4	5
Overall satisfaction with the A2A program services.	1	2	3	4	5
I would recommend this A2A provider to a friend or family member.	1	2	3	4	5

**Comments:**

[illegible]

**Missouri Department of Social Services  
A2A Quarterly Expenditure Report**

Agency: <span style="color: red;">[Insert Agency Name]</span>	Contract Number:
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*Program Year July 1, 2018 - June 30, 2019*

Program Quarter: 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter ☐

Revenue	Federal (TANF)
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Revenue Request	\$ -
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**Indirect Administrative Costs Calculations**

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:	\$ -
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Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
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<b>Total Indirect Administrative Costs</b>	\$ -
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**OR**

**Option 2: 10 % De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost	\$ -
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10%

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

Direct Administrative Costs	Federal (TANF)
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Program Salaries and Wages	\$ -
----------------------------	------

Employee Benefits	\$ -
-------------------	------

Employee Travel	\$ -
-----------------	------

Employee Training	\$ -
-------------------	------

Office Rent/Space	\$ -
-------------------	------

Office Utilities	\$ -
------------------	------

Facility Insurance	\$ -
--------------------	------

Office Supplies (under \$5,000)	\$ -
---------------------------------	------

Equipment ( Capitol Equipment over \$5,000 threshold)	\$ -
---	------

Office Communications	\$ -
-----------------------	------

Office Repairs and Maintenance	\$ -
--------------------------------	------

Contract/Consulting	\$ -
---------------------	------

Other (list):	\$ -
---------------	------

(add other categories as needed)	\$ -
----------------------------------	------

	\$ -
--	------

	\$ -
--	------

<b>Total Direct Administrative Cost</b>	\$ -
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Less:

<span style="color: red;">Equipment (Capital Equipment over the \$5,000 threshold)</span>	0
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<span style="color: red;">Contracting/Consulting (amount of each contract service over \$25,000)</span>	0
---	---

<span style="color: red;">Other based on definition</span>	0
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<b>Modified Total Direct Administrative Cost</b>	\$ -
--	------

Participant Services	Federal (TANF)
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Transportation	\$ -
----------------	------

Job Training	\$ -
--------------	------

Tuition Assistance	\$ -
--------------------	------

Contracted Residential Care	\$ -
-----------------------------	------

Utility Assistance	\$ -
--------------------	------

Emergency Shelter	\$ -
-------------------	------

Housing Assistance	\$ -
--------------------	------

(add others as needed)	\$ -
------------------------	------

	\$ -
--	------

	\$ -
--	------

<b>Total Participant Costs</b>	\$ -
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*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of [Insert Agency Name]

Date

# Contract Action Request and Approval Form

(rev 10/1/13)

Requesting Division: DFAS

Point of Contact/Requestor: Joy E Benne

Action Requested: ☐ New Contract ☒ Contract Amendment (specify type) ☐ MOU/MOA (specify type)  
☐ New Bid/RFP ☐ Renewal ☒ Other ☐ Renewal ☐ Other  
☐ Other Action \_\_\_\_\_

Vendor (if known): Various - see attached list

Contract # (if known): CS1700042001-009

Description: A2A - FY19 Funding & Attachment updates

Estimated Contract Value: \$6,272,554.00

If over \$1,000,000 attach the completed Critical Contracts Worksheet. ☐ Attached ☒ Not required

Will federal funds be used for this procurement? ☒ Yes ☒ No

If yes, attach the Subrecipient Determination Checklist approved by DFAS Grants Management. ☒ Attached

Funding Source Coding: Appropriation var	Function Code 1536	Reporting Category Q221
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## Authorized Approval Signatures

ITSD (if required): \_\_\_\_\_

Date: \_\_\_\_\_

Requesting Division: \_\_\_\_\_

Date: \_\_\_\_\_

## FOR DFAS PROCUREMENT USE ONLY

If required, notification has been sent to DLS and DFAS Compliance Unit. ☐ Yes ☐ No ☐ N/A

Have any specific compliance issues been identified by the DFAS Compliance and Quality Control Unit that need to be addressed in the contract? ☐ Yes ☐ No

If yes, provide details: \_\_\_\_\_

Has the document been reviewed and approved by the Division of Legal Services? ☐ Yes ☐ No ☐ N/A

If yes, attach approval e-mails. ☐ Attached

If no or n/a, provide details: \_\_\_\_\_

Has the final document been reviewed and approved by the Requesting Division? ☐ Yes ☐ No ☐ N/A

If yes, attach approval e-mails. ☐ Attached

If no or n/a, provide details: \_\_\_\_\_

If required, has the Critical Contracts Worksheet been reviewed, approved and signed by DSS management?

☐ Yes ☐ No ☐ N/A

If yes, attach approval e-mails. ☐ Attached

If no or n/a, provide details: \_\_\_\_\_

## Ready to Issue

Procurement Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor/Manager (if required): \_\_\_\_\_

Date: \_\_\_\_\_

## Buyer Notes:

## Contract Action Request and Approval (CARA) Form Instructions

**Purpose:** Utilize the CARA form when the Division needs to enter into a contractual arrangement or other agreement with another entity.

*Listed below are instructions for the Requesting Division on how to complete the Division portion of the CARA form.*

**Requesting Division** – From the drop down menu, **select** the Division requesting the action.

**Point of Contact/Requestor** – **Enter** the Division contact person's name. This person will work with the assigned Procurement Officer and should be able to answer questions related to the contract action.

**Action Requested** – **Select** the appropriate box (es) for the action that needs to be taken. (For example: If a contract needs to be renewed, select "Contract Amendment" and the "Renewal" box.)

**Vendor** – **Enter** the vendor's name, if known. If a new bid/RFP is to be completed, please attach a list of potential bidders to be contacted (name, address, phone number, email address).

**Contract #** - **Enter** the contract number for the contract requiring action. If a new bid/RFP, leave this field blank. *Note: If the requested action is for a group of like contracts, one only from is required. Include the contract number series.*

**Description** – **Provide** a brief description on the type of action that needs to be taken. Attach a separate sheet of paper if additional space is needed.

**Estimated Contract Value** – **Enter** estimated dollar value for the contract. If the estimated value is \$1,000,000 or more, **complete** the *Critical Contracts Worksheet* (<http://agencyinfo.intra.state.mo.us/kworksheets.shtm>) and attach to the CARA form. Note: Original DSS management approval signatures are required on this document. Ink stamped or electronic signatures will not be accepted.

**Will federal funds be used for this procurement?** – **Select** the appropriate box (yes or no). If no, no further action is needed. **If yes, complete** the *Subrecipient Determination Checklist* (<http://dssweb/dfas/purchase/index.htm>) and submit to the DFAS Deputy Director-Financial Management (or designee). Attach to the CARA Form when returned to the Division.

**Funding Source Coding:** **Enter** the Appropriation, Function Code and Reporting Category

### Authorized Approval Signatures

ITSD – If the bid/RFP/Contract contains language pertaining to the connectivity to or purchase of information technology systems, equipment etc., ITSD will need to be involved. To ensure ITSD has reviewed the document their signature will be required. An email stating the documentation is approved will be acceptable.

Requesting Division – The authorized signature from the requesting Division is required to ensure the Division is aware of the procurement action to be taken. An email stating the form is approved will be acceptable.

### **FOR DFAS PROCUREMENT USE ONLY (Instructions for Procurement Officers)**

For new contracts/re-bids, notify DLS and DFAS Compliance when the request is received.

Before issuing appropriate document(s), if appropriate, complete remainder for form. Ensure that DLS and Division approvals e-mails are attached.

Critical Contracts Worksheet – Attach all approval signatures with a copy of the form to the back of the CARA Form.

### Ready to Issue

The Procurement Officer will sign/date, on the appropriate line, when the document is ready to issue.

The Procurement Manager/Supervisor will sign/date, when required.

**Buyer Notes** – Enter additional notes as necessary.

# Federal Subrecipient vs. Contractor Determination Checklist (rev 12/31/14)

Division: **DFAS** Completed By: Joy E Benne

Phone: 751-7027 Date: 6/19/2018

Description of Program/Services: A2A FY19 Funding and Attachment Updates

## Subrecipient and Contractor Determinations

- (a) **General:** A non-Federal entity may be a recipient, a subrecipient, and/or a contractor. The payments received for goods or services provided as a contractor would not be considered Federal awards. The guidance in paragraphs (b) and (c) of this section should be considered in determining whether payments constitute a Federal award or a payment for goods and services.

Authority: 2 CFR 200.330

### **SUBRECIPIENT (check YES or NO for each statement)**

- (b) **Federal Award:** Characteristics which support the classification of the non-Federal entity as a subrecipient include when the non-Federal entity:

1. Determines who is eligible to receive what Federal financial assistance. ☒ Yes ☐ No

Rationale: utilizes eligibility reqs in contract

2. Has its performance measured against whether the objectives of the Federal program are met. ☒ Yes ☐ No

Rationale: clients must meet TANF Goal #1 & 185% FPL

3. Has responsibility for programmatic decision-making. ☒ Yes ☐ No

Rationale: based on client needs

4. Has responsibility for adherence to applicable Federal program compliance requirements. ☒ Yes ☐ No

Rationale: follow TANF guidelines

5. Uses the Federal funds to carry out a program of the organization as compared to providing goods or services for the benefit of the pass-through entity. ☒ Yes ☐ No

Rationale: carries out program & w/ their subcontractors

### **CONTRACTOR (check YES or NO for each statement)**

- (c) **Payment for goods and services:** Characteristics indicative of a procurement relationship between the non-Federal entity and a contractor are when the non-Federal entity receiving the Federal Funds:

1. Provides the goods and services within normal business operations. ☒ Yes ☐ No

Rationale: during normal business hrs and emergencies

2. Provides similar goods and services to many different purchasers. ☐ Yes ☒ No

Rationale: provides to pregnant mothers

3. Normally operates in a competitive environment. ☐ Yes ☒ No

Rationale: most are not-for-profit organizations

4. Is not subject to compliance requirements of the Federal program. (Note: This answer should be the opposite of the answer to #4 in the above Subrecipient section.) ☐ Yes ☒ No

Rationale:

5. Provides goods or services that are ancillary (secondary) to the operation of the Federal program. (Note: This answer should be the opposite of the answer to #5 in the above Subrecipient section.) ☐ Yes ☒ No

Rationale:

- (d) **Use of judgment in making determination.** There may be unusual circumstances or exceptions to the listed characteristics. In making the determination of whether a subrecipient or contractor relationship exists, the substance of the relationship is more important than the form of the agreement. All of the characteristics listed above may not be present in all cases, and the pass-through entity must use judgment in classifying each agreement as a subaward or a procurement contract.

Determination (Check one): ☒ Subrecipient ☐ Contractor

Additional Comments:

Determination Confirmation (DFAS Grants Mgt): ☐ Yes ☐ No

By:



<b>Federal Funds Disclosure Information*</b> (To Be Completed By DSS-DFAS)
<b>Federal Granting Agency:</b>
<b>Grant Name:</b>
<b>Grant Award Year:</b>
<b>Grant Award # (FAIN):</b>
<b>Catalog of Federal Domestic Assistance (CFDA) Number:</b>
<b>Total Amount of Federal Award:</b>
<b>Federal Award Date:</b> <a href="#">Click here to enter a date.</a>

<b>Federal Funds Disclosure Information - Contract Specific Information*</b> (To be Completed By DSS-DFAS)
<b>Subrecipient Name:</b>
<b>Subrecipient DUNS:</b>
<b>Contract Number:</b>
<b>Contract Period:</b>
<b>Subrecipient Indirect Cost Rate:</b>
<b>Total Amount of Federal Funds Obligated to this Subrecipient:</b>
<b>Total Amount of Federal Funds Obligated by this contract action:</b>
<b>Obligation Date:</b> <a href="#">Click here to enter a date.</a>

\* Per 2 CFR 200.331, when some of this information is not available, provide the best information available to describe the Federal award and subaward.

<b>Disclosure Information Completion Signatures</b> (To be Completed By DSS-DFAS)
<b>Completed By and Completion Date:</b>
<b>Completed By and Completion Date:</b>

---

**From:** Jacobs, Gina M  
**Sent:** Wednesday, June 20, 2018 5:31 PM  
**To:** Benne, Joy  
**Subject:** RE: Alternatives to Abortion - FY19 Renewal and Attachment Updates

It looks good. You're good to go on this one!

Thanks,

Gina M. Jacobs  
Deputy Director  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
615 Howerton Court  
Jefferson City, MO 65102-1643

(573) 526-7832 - Voice  
(573) 526-4678 - Fax

---

**From:** Benne, Joy  
**Sent:** Wednesday, June 20, 2018 9:34 AM  
**To:** Jacobs, Gina M  
**Subject:** Alternatives to Abortion - FY19 Renewal and Attachment Updates

Gina,  
Attached for your review and approval is the FY2019 Alternatives to Abortion Program Services. In FY2019 the contracts will exercise the 2<sup>nd</sup> of 3 renewal options, funding amounts are the same as FY2018, and several attachments (Income Guidelines, Survey, Request for other Services, and Quarterly Expenditure Report) are being updated. I send their invoice out after the award with the amounts included.  
Let me know your thoughts.

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Broadway State Office Building  
221 W. High St., Room 310 - P.O. Box 1082  
Jefferson City, MO 65102-1082  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

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---

**From:** Benne, Joy  
**Sent:** Thursday, June 21, 2018 8:02 AM  
**To:** Jacobs, Gina M  
**Subject:** RE: Alternatives to Abortion - FY19 Renewal and Attachment Updates

Thank you. I will move it forward for approvals.

I received your voicemail in regard to the Major Parent Deeming (Attachment 2A). The amount for number of persons one and two are the same as they are one in the same.

Joy E Benne, Fiscal Administrative Mgr.

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Jacobs, Gina M  
**Sent:** Wednesday, June 20, 2018 5:31 PM  
**To:** Benne, Joy  
**Subject:** RE: Alternatives to Abortion - FY19 Renewal and Attachment Updates

It looks good. You're good to go on this one!

Thanks,

Gina M. Jacobs  
Deputy Director  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
615 Howerton Court  
Jefferson City, MO 65102-1643

(573) 526-7832 - Voice  
(573) 526-4678 - Fax

---

**From:** Benne, Joy  
**Sent:** Wednesday, June 20, 2018 9:34 AM  
**To:** Jacobs, Gina M  
**Subject:** Alternatives to Abortion - FY19 Renewal and Attachment Updates

Gina,  
Attached for your review and approval is the FY2019 Alternatives to Abortion Program Services. In FY2019 the contracts will exercise the 2<sup>nd</sup> of 3 renewal options, funding amounts are the same as FY2018, and several attachments (Income Guidelines, Survey, Request for other Services, and Quarterly Expenditure Report) are being updated. I send their invoice out after the award with the amounts included.  
Let me know your thoughts.

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**From:** Benne, Joy  
**Sent:** Thursday, June 21, 2018 8:28 AM  
**To:** Knipp, Diane  
**Subject:** RE: please see attachment  
**Attachments:** A2A Contractors & Grant Information 6-21-18.pdf

Diane,  
Please see the attached for the A2A Program. Let us know if you need any additional information.  
Thanks.

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Knipp, Diane  
**Sent:** Wednesday, June 20, 2018 3:38 PM  
**To:** Benne, Joy  
**Subject:** RE: please see attachment

Thank you

**Diane Knipp**

Administrative Assistant to the Director  
Family Support Division  
Howerton Court Building  
P.O. Box 2320, Jefferson City, MO 65102  
Phone: (573) 751-5222  
Email: [Diane.Knipp@dss.mo.gov](mailto:Diane.Knipp@dss.mo.gov)

---

**From:** Benne, Joy  
**Sent:** Wednesday, June 20, 2018 3:35 PM  
**To:** Knipp, Diane  
**Subject:** RE: please see attachment

I have a request into Sheena and Shereen to get the grant information. Will forward when both (names/grant) are available.

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

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**From:** Knipp, Diane  
**Sent:** Wednesday, June 20, 2018 3:32 PM  
**To:** Benne, Joy  
**Subject:** RE: please see attachment

If available, yes please. Thank you

## Diane Knipp

Administrative Assistant to the Director  
Family Support Division  
Howerton Court Building  
P.O. Box 2320, Jefferson City, MO 65102  
Phone: (573) 751-5222  
Email: [Diane.Knipp@dss.mo.gov](mailto:Diane.Knipp@dss.mo.gov)

---

**From:** Benne, Joy  
**Sent:** Wednesday, June 20, 2018 3:31 PM  
**To:** Knipp, Diane  
**Subject:** RE: please see attachment

We've updated the contractor information however; the grant information is not updated. Do you need both?

## Joy E Benne, Fiscal Administrative Mgr.

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Knipp, Diane  
**Sent:** Wednesday, June 20, 2018 3:13 PM  
**To:** Benne, Joy  
**Subject:** RE: please see attachment

Could you send by Noon on Thursday?

## Diane Knipp

Administrative Assistant to the Director  
Family Support Division  
Howerton Court Building  
P.O. Box 2320, Jefferson City, MO 65102  
Phone: (573) 751-5222  
Email: [Diane.Knipp@dss.mo.gov](mailto:Diane.Knipp@dss.mo.gov)

---

**From:** Benne, Joy  
**Sent:** Wednesday, June 20, 2018 2:47 PM

**To:** Knipp, Diane  
**Subject:** RE: please see attachment

We are working on the updates and will send it to you.

Joy E Benne, Fiscal Administrative Mgr.

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

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**From:** Knipp, Diane  
**Sent:** Wednesday, June 20, 2018 1:47 PM  
**To:** Benne, Joy  
**Subject:** please see attachment

Nancy wanted to know if you have anything more recent than June 30<sup>th</sup>. Please let us know - thx

Diane Knipp

Administrative Assistant to the Director  
Family Support Division  
Howerton Court Building  
P.O. Box 2320, Jefferson City, MO 65102  
Phone: (573) 751-5222  
Email: [Diane.Knipp@dss.mo.gov](mailto:Diane.Knipp@dss.mo.gov)

Alternatives to Abortion Program Services
CS170042

Original Contract Period: February 1, 2017 through June 30, 2017

Three (3) one year renewal options

Agreement #	Contractor Name	Vendor Number	MB Number	DUNS#	Address	City	State	Zip code	Phone	Contact Person Name	Contact Person Email Address
CS170042001	Alliance for Life - Missouri Inc				106 5th Ave S, PO Box 65	Greenwood	MO	64034-8627	(816) 806-4168	Mary Taylor	<a href="mailto:mary@allianceforlifemissouri.com">mary@allianceforlifemissouri.com</a>
CS170042002	Catholic Charities of Southern Missouri				424 East Monastery Street	Springfield	MO	65807	(417) 720-4213	Kyle Schott	<a href="mailto:kschott@ccsomo.org">kschott@ccsomo.org</a>
CS170042003	Faith Maternity Care				1900 Lake Drive	Fulton	MO	65251	(573) 642-7414	Laura Griggs	<a href="mailto:treasurer@faithmaternity.com">treasurer@faithmaternity.com</a>
CS170042004	The Haven of Grace				1225 Warren	St Louis	MO	63106	(314) 621-6507	Kimberly Brown; Nicole Feltes	<a href="mailto:kbrown@havenofgracestl.org">kbrown@havenofgracestl.org</a> <a href="mailto:NFeltes@havenofgracestl.org">NFeltes@havenofgracestl.org</a>
CS170042005	Laclede County Pregnancy Support Center				PO Box 373, 525 S. Washington	Lebanon	MO	65534	(417) 532-8555	Shawn Dickerson or Abigail Chisom	<a href="mailto:info@psclebanon.org">info@psclebanon.org</a> <a href="mailto:Abigail@psclebanon.org">Abigail@psclebanon.org</a>
CS170042006	The LIGHT House Inc				400 West Meyer Blvd, PO Box 22553	Kansas City	MO	64113	(816) 361-2233	Julie Ball	<a href="mailto:Julie.ball@mbch.org">Julie.ball@mbch.org</a>
CS170042007	Lutheran Family and Childrens Services of Missouri				9666 Olive Blvd, Ste 400	St Louis	MO	63132-3025	(314) 787-5100	Debbie Wolf Michelle Meier	<a href="mailto:Debbiee@lfcs.org">Debbiee@lfcs.org</a> <a href="mailto:michelle.meier@lfcs.org">michelle.meier@lfcs.org</a>
CS170042008	Mothers Refuge				14400 E. 42nd St. S., Ste #220	Independence	MO	64055-4871	(816) 353-8070	Angel McDonald	<a href="mailto:programdirector@mothersrefuge.org">programdirector@mothersrefuge.org</a>
CS170042009	Nurses for Newborns				7259 Lansdowne, Ste. 100	St Louis	MO	63119	(314) 544-3433	Amanda Murray Ext. 321	<a href="mailto:amanda.murray@nursesfornewborns.org">amanda.murray@nursesfornewborns.org</a>

Federal Granting Agency: Administration for Children and Families (ACF)  
Grant Name: Temporary Assistance for Needy Families (TANF) program  
Grant Award Year: FFY2017  
Grant Award # (FAIN): 1701MOTANF  
Catalog of Federal Domestic Assistance (CFDA) Number: 93.558

Federal Granting Agency: US Department of Health and Human Services  
Grant Name: Temporary Assistance for Needy Families  
Grant Award Year: FFY2018  
Grant Award # (FAIN): 1801MOTANF  
Catalog of Federal Domestic Assistance (CFDA) Number: 93.558



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**From:** Benne, Joy  
**Sent:** Thursday, June 21, 2018 9:42 AM  
**To:** Harding, Justin  
**Subject:** Alternatives to Abortion Program Services - FY2019 Contract Renewal & Attachment Updates  
**Attachments:** Attachment 5 Quarterly Expenditure Report Template (FY18) REVISED 3-21-18.xlsx; Attachment 2 Minor Parent Income Determination Formula 6-15-18.docx; Attachment 2A 2018 Income Guidelines (Weekly-Monthly-Annual) 6-19-18.pdf; Attachment 3 Request for Preauthorization for Other Services REVISED 5-15-18.docx; Attachment 4 Client Survey Instructions (Jan-Jun 2018) REVISED 3-27-18.docx; Attachment 4A Customer Satisfaction Survey 3-27-18.docx; SubR (A2A FY19 Funding & Attachment Updates) 6-19-18.docx; A2A federal-funds-disclosure (FY2019 contract period) 6-21-18.pdf; CARA (A2A FY19 Funding & Attachment Updates) 6-19-18.docx; A2A Budget (FY19 Renewal) 6-21-18.xlsx; A2A Contract List & FY19 Updates.docx

Please find attached for your review and approval the FY2019 Alternatives to Abortion Program Services contract renewal request and updated attachments.

Please let me know if you need additional documentation.

### Joy E Benne, Fiscal Administrative Mgr.

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Broadway State Office Building  
221 W. High St., Room 310 - P.O. Box 1082  
Jefferson City, MO 65102-1082  
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ALTERNATIVES TO ABORTION CONTRACT LIST (CS170042)			Original Contract Period	1st Renewal Funding	Proposed FY19 Allocations	FY19 adjustments per emails	FY19 Renewal Amts 2nd Renewal (7/1/18 to 6/30/19) Proposed	FY19 Renewal Amts 2nd Renewal (7/1/18 to 6/30/19) EXECUTED
Totals			\$1,554,090.36	\$6,222,988.84	\$6,272,554.00		\$6,272,554.00	\$6,272,554.00
Provider (contract# extension)	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Alliance for Life - Missouri (001)	2	\$68,800.00	\$28,666.67	\$220,166.65	\$220,166.65		\$220,166.65	
	3	\$270,000.00	\$112,500.00	\$380,681.30	\$380,681.30		\$380,681.30	
	4	\$10,000.00	\$4,166.67	\$246,385.92	\$246,385.92		\$246,385.92	
	5	\$91,332.00	\$38,055.00	\$133,229.05	\$133,229.05		\$133,229.05	
	6	\$454,504.40	\$189,376.83	\$597,304.77	\$597,304.77		\$597,304.77	
	7	\$228,000.00	\$95,000.00	\$325,682.73	\$325,682.73		\$325,682.73	
	8	\$20,000.00	\$8,333.33	\$74,768.84	\$74,768.84		\$74,768.84	
	9	\$24,000.00	\$10,000.00	\$172,118.88	\$172,118.88		\$172,118.88	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Catholic Charities of Southern MO (002)	7	\$233,458.00	\$97,274.17	\$344,847.52	\$253,019.59		\$253,019.59	
	8	\$69,698.00	\$29,040.83	\$56,076.63	\$56,076.63		\$56,076.63	
	9	\$94,500.00	\$39,375.00	\$129,089.16	\$129,089.16		\$129,089.16	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Faith Maternity Care (003)	4	\$88,870.00	\$37,029.17	\$183,323.00	\$184,789.44		\$184,789.44	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
The Haven of Grace (004)	6	\$318,156.95	\$132,565.40	\$505,633.40	\$463,841.07		\$463,841.07	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Laclede County Pregnancy Support Center (005)	5	\$60,888.00	\$25,370.00	\$60,888.00	\$88,819.36		\$88,819.36	
	7	\$114,925.00	\$47,885.42	\$84,925.00	\$252,911.13		\$252,911.13	
	8	\$38,442.00	\$16,017.50	\$30,442.00	\$56,076.63		\$56,076.63	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Light HOUSE Inc (006)	3	\$200,000.00	\$83,333.33	\$280,962.00	\$296,043.16		\$296,043.16	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Lutheran Family & Children's Services of Missouri (007)	1	\$69,783.78	\$29,076.58	\$254,665.69	\$254,665.69		\$254,665.69	
	3	\$173,996.15	\$72,498.40	\$289,190.44	\$296,170.05		\$296,170.05	
	4	\$112,597.68	\$46,915.70	\$184,789.44	\$184,789.44		\$184,789.44	
	6	\$272,711.69	\$113,629.87	\$464,039.97	\$464,039.97		\$464,039.97	
	7	\$167,087.00	\$69,619.58	\$252,911.13	\$252,911.13		\$252,911.13	
	9	\$78,716.24	\$32,798.43	\$129,089.16	\$129,089.16		\$129,089.16	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Mother's Refuge (008)	3	\$151,193.00	\$62,997.08	\$343,778.16	\$296,043.16		\$296,043.16	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Nurses for Newborns (009)	6	\$318,156.95	\$132,565.40	\$478,000.00	\$463,841.07		\$463,841.07	
Total of contracts					\$6,272,554.00		\$6,272,554.00	\$0.00
FY19 Apprporation per HB 11.115 lines 2-8					\$6,272,554.00		\$6,272,554.00	\$6,272,554.00
Balance					\$0.00		\$0.00	\$6,272,554.00
The federal funds disclosure information is below - This needs to be updated in September 2018								
Federal Granting Agency: US Department of Health and Human Services								
Grant Name: Temporary Assistance for Needy Families								
Grant Award Year: FFY2018								
Grant Award (Doc) Number: 1801MOTANF								
CFDA Number: 93.558								
Federal Award Date: 10/1/2017								
Per Sheeren Kline 6/21/2018								

## **ALTERNATIVES TO ABORTION CONTRACT LIST (CS170042)**

Alliance for Life – Missouri (001)  
Catholic Charities of Southern MO (002)  
Faith Maternity Care (003)  
The Haven of Grace (004)  
Laclede County Pregnancy Support Center (005)  
Light HOUSE Inc (006)  
Lutheran Family & Children's Services of Missouri (007)  
Mother's Refuge (008)  
Nurses for Newborns (009)

### **FY2019 Updates**

- Renew contract for the period of July 1, 2018 through June 30, 2019
  - Proposed allocation are on the A2A Budget attachment (use yellow highlighted figures for each contractor/region)
- Per House Bill 2011, Section 11.115, lines 3-5 the A2A program is to provide “diapers and other infant hygiene products to women who qualify for alternative to abortion services”. Section 2.3.2.o Supplies will need to be updated to include this new requirement.
- Delete and replace in their entirety the follow attachments:
  - Attachment 2 Minor Parent Income Determination Formula
  - Attachment 2A 2018 Income Guidelines
  - Attachment 3 Request for Preauthorization for Other Services
  - Attachment 4 Client Survey Instructions
  - Attachment 4A Customer Satisfaction Survey
  - Attachment 5 Quarterly Expenditure Report Template
    - This needs to be sent in Excel format

Federal Funds Disclosure Information*	
Pass-through Entity Information (To be completed by DFAS Procurement Unit)	
Missouri Department of Social Services	
Contact Information:	
Contract Specific Information (To be completed by DFAS Procurement Unit)	
Subrecipient Name:	
Contract Number:	
Period of Performance (Contract) Start and End Dates:	through
Federal Funds Committed to Subrecipient for Subaward: <i>If not the full contract amount, also note the % of the contract which is Federally funded</i> %	
Indirect Cost Rate for Federal Award (Select one. Specify % if not De Minimis)	
<input type="checkbox"/> 10% De Minimis <b>OR</b> <input type="checkbox"/> % Federally Negotiated Indirect Cost Rate <b>OR</b> <input type="checkbox"/> % Negotiated with DSS (to be used only if vendor previously had a FNICR, but does not have one currently. This must be approved by DFAS CSU)	
Completed By:	Date:

Federal Award Information (To Be Completed by DFAS Grants Unit)	
Federal Granting Agency: US Department of Health and Human Services	
Grant Name: Temporary Assistance for Needy Families	
Catalog of Federal Domestic Assistance (CFDA) Number: 93.558	
For Expenditures Reimbursed by DSS through 09/30/ 18 :	
Grant Award Year: FY2018	
Grant Award Number: 1801MOTANF	
Federal Award Date: 10/01/2017	
For Expenditures Reimbursed by DSS 10/01/ through Contract End Date:	
Grant Award Year:	
Grant Award Number:	
Federal Award Date:	
Completed By: Shereen Kline	Date: 06/21/2018

*\*Per 2 CFR 200.331, when some of this information is not available, provide the best information available to describe the Federal award and subaward. If any of these data elements change, changes will be included in a subsequent subaward modification.*

## **ATTACHMENT 2**

### **MINOR PARENT INCOME DETERMINATION FORMULA**

(Revised June 2018)

**NOTE:** The “minor parent's parent” will be referred to as the “major parent”.

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

**NOTE:** Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

**NOTE:** DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
  - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 2A) for the major parent and their dependents in the household (do not include the minor parent and child).
    - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
  - 2) A \$90 work expense standard for each employed major parent.
  - 3) An amount equal to the full need standard (see Attachment 2A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.

- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

**EXAMPLE:** Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$\$3,000 - 1,732$  (100% of the Federal Poverty Level for 3) = 1,268

$\$1,268 - \$90 = 1,178$

$\$1,178 - \$846$  (full need standard for 3) = \$332

\$332 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

## Attachment 2A

### 2018 INCOME GUIDELINES

(Revised June 2018)

#### 185% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$22,459.00	\$30,451.00	\$38,443.00	\$46,435.00	\$54,427.00	\$62,419.00	\$70,411.00	\$78,403.00	\$86,395.00	\$94,387.00	\$102,379.00
<b>Monthly Income</b>	\$1,872.00	\$2,538.00	\$3,204.00	\$3,870.00	\$4,536.00	\$5,202.00	\$5,868.00	\$6,534.00	\$7,200.00	\$7,866.00	\$8,532.00
<b>Weekly Income</b>	\$431.90	\$585.60	\$739.29	\$892.98	\$1,046.67	\$1,200.37	\$1,354.06	\$1,507.75	\$1,661.44	\$1,815.13	\$1,968.83
<b>Bi-weekly Income</b>	\$863.81	\$1,171.19	\$1,478.58	\$1,785.96	\$2,093.35	\$2,400.73	\$2,708.12	\$3,015.50	\$3,322.88	\$3,630.27	\$3,937.65
<b>Hourly wage</b>	\$10.80	\$14.64	\$18.48	\$22.32	\$26.17	\$30.01	\$33.85	\$37.69	\$41.54	\$45.38	\$49.22

#### Major Parent Deeming

#### 100% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$1,240.00	\$16,460.00	\$20,780.00	\$25,100.00	\$29,420.00	\$33,740.00	\$38,060.00	\$42,380.00	\$46,700.00	\$51,020.00	\$55,340.00
<b>Full Need Standard - Annual</b>	\$8,136.00	\$8,136.00	\$10,152.00	\$11,880.00	\$13,476.00	\$14,964.00	\$16,464.00	\$17,868.00	\$19,272.00	\$20,664.00	\$22,068.00
<b>Monthly Income</b>	\$1,012.00	\$1,372.00	\$1,732.00	\$2,092.00	\$2,452.00	\$2,812.00	\$3,172.00	\$3,532.00	\$3,892.00	\$4,252.00	\$4,612.00
<b>Full Need Standard - Monthly</b>	\$678.00	\$678.00	\$846.00	\$990.00	\$1,123.00	\$1,247.00	\$1,372.00	\$1,489.00	\$1,606.00	\$1,722.00	\$1,839.00
<b>Weekly Income</b>	\$23.85	\$316.54	\$399.62	\$482.69	\$565.77	\$648.85	\$731.92	\$815.00	\$898.08	\$981.15	\$1,064.23
<b>Full Need Standard - Weekly</b>		\$312.92	\$390.46	\$456.92	\$518.31	\$575.54	\$633.23	\$687.23	\$741.23	\$794.77	\$848.77

# Attachment 3

## Department of Social Services

### Reimbursement Request for Other Services

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

**If applicable, subcontractors are to return this form to their contractor for prior approval.**

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov).*

Authorized signature of Subcontractor: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_\_ Denied \_\_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_



**Attachment 4**  
**Alternatives to Abortion (A2A) Program**  
**Client Satisfaction Survey Directions**

1. To save time, and funding, the survey can be printed on one (1) page (duplexed/printed on both sides of one [1] sheet of paper).
2. Pursuant to section 2.4.4 of the A2A contract, every June and December the contractor must administer the Client Satisfaction Survey (survey) to all A2A clients who received A2A program services. Each client should complete one (1) survey.
3. The client should be given a plain sealable envelope with the Contractor's name on the outside of the envelope along with a clean copy of the survey (e.g. survey should not be highlighted or marked in any way). For contractors with subcontractors, the contractor's name, as well as the subcontractor's name, shall both appear on the outside of the envelope. The client shall complete the survey, while not in the presence of the contractor or subcontractor, and return the survey, back to the contractor, in a sealed envelope.
4. Please forward all sealed envelopes no later than July 15 or January 15 to following address:

Alternatives to Abortion Program  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643

**Attachment 4A****ALTERNATIVES TO ABORTION (A2A) PROGRAM  
CLIENT SATISFACTION SURVEY****A2A Provider:****Services Received:** ☐ January through June☐ July through December**How did you hear about the A2A program?** ☐ A2A Website ☐ Internet ☐ Friend☐ Other \_\_\_\_\_**Please rate your experience with the A2A program service you received by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied

3-Neutral

4-Satisfied

5-Extremely Satisfied

NA-Not Applicable/Service not received

<b>A2A Program Service</b>	<b>Circle Rating</b>					
Case Management	1	2	3	4	5	NA
Child Care (babysitting)	1	2	3	4	5	NA
Clothing (mom and/or baby)	1	2	3	4	5	NA
Continuing Education/School	1	2	3	4	5	NA
Counseling	1	2	3	4	5	NA
Domestic Abuse Prevention	1	2	3	4	5	NA
Drug/Alcohol Testing/Treatment	1	2	3	4	5	NA
Finding a Home/Housing Assistance	1	2	3	4	5	NA
Food	1	2	3	4	5	NA
Going Back to School	1	2	3	4	5	NA
Help with an Adoption	1	2	3	4	5	NA
Involving and Teaching the Baby's Father	1	2	3	4	5	NA
Job Placement	1	2	3	4	5	NA
Job Training	1	2	3	4	5	NA
Medical Care Referrals for Me	1	2	3	4	5	NA
Medical Care Referrals for my Baby	1	2	3	4	5	NA
Paying Utilities (Electric/Gas Bills)	1	2	3	4	5	NA
Prenatal Care Referrals	1	2	3	4	5	NA
Supplies	1	2	3	4	5	NA
Teaching Parenting Skills	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Ultrasound Referrals	1	2	3	4	5	NA

**Please rate your experience with the A2A program service provider by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied 3-Neutral

#### 4-Satisfied

5-Extremely Satisfied

A2A Service Provider	Circle Rating				
Schedule appointment(s) which are convenient for me.	1	2	3	4	5
Seen at my appointment time(s).	1	2	3	4	5
Able to decide which service(s) I want/need.	1	2	3	4	5
I fully understand the service(s) I am receiving.	1	2	3	4	5
The A2A program service(s) I receive have assisted me in continuing my pregnancy.	1	2	3	4	5
Overall satisfaction with the A2A program services.	1	2	3	4	5
I would recommend this A2A provider to a friend or family member.	1	2	3	4	5

**Comments:**

[illegible]

**Missouri Department of Social Services  
A2A Quarterly Expenditure Report**

Agency: <span style="color: red;">[Insert Agency Name]</span>	Contract Number:
---	------------------

*Program Year July 1, 2018 - June 30, 2019*

Program Quarter: 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter ☐

Revenue	Federal (TANF)
---------	----------------

Revenue Request	\$ -
-----------------	------

**Indirect Administrative Costs Calculations**

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:	\$ -
-------------------	------

Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
--	-------

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

**OR**

**Option 2: 10 % De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost	\$ -
---	------

10%

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

Direct Administrative Costs	Federal (TANF)
-----------------------------	----------------

Program Salaries and Wages	\$ -
----------------------------	------

Employee Benefits	\$ -
-------------------	------

Employee Travel	\$ -
-----------------	------

Employee Training	\$ -
-------------------	------

Office Rent/Space	\$ -
-------------------	------

Office Utilities	\$ -
------------------	------

Facility Insurance	\$ -
--------------------	------

Office Supplies (under \$5,000)	\$ -
---------------------------------	------

Equipment ( Capitol Equipment over \$5,000 threshold)	\$ -
---	------

Office Communications	\$ -
-----------------------	------

Office Repairs and Maintenance	\$ -
--------------------------------	------

Contract/Consulting	\$ -
---------------------	------

Other (list):	\$ -
---------------	------

(add other categories as needed)	\$ -
----------------------------------	------

	\$ -
--	------

	\$ -
--	------

<b>Total Direct Administrative Cost</b>	\$ -
---	------

Less:

<span style="color: red;">Equipment (Capital Equipment over the \$5,000 threshold)</span>	0
---	---

<span style="color: red;">Contracting/Consulting (amount of each contract service over \$25,000)</span>	0
---	---

<span style="color: red;">Other based on definition</span>	0
--	---

<b>Modified Total Direct Administrative Cost</b>	\$ -
--	------

Participant Services	Federal (TANF)
----------------------	----------------

Transportation	\$ -
----------------	------

Job Training	\$ -
--------------	------

Tuition Assistance	\$ -
--------------------	------

Contracted Residential Care	\$ -
-----------------------------	------

Utility Assistance	\$ -
--------------------	------

Emergency Shelter	\$ -
-------------------	------

Housing Assistance	\$ -
--------------------	------

(add others as needed)	\$ -
------------------------	------

	\$ -
--	------

	\$ -
--	------

<b>Total Participant Costs</b>	\$ -
--------------------------------	------

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of [Insert Agency Name]

Date

# Contract Action Request and Approval Form

(rev 10/1/13)

Requesting Division: DFAS

Point of Contact/Requestor: Joy E Benne

Action Requested: ☐ New Contract ☒ Contract Amendment (specify type) ☐ MOU/MOA (specify type)  
☐ New Bid/RFP ☐ Renewal ☒ Other ☐ Renewal ☐ Other  
☐ Other Action \_\_\_\_\_

Vendor (if known): Various - see attached list

Contract # (if known): CS1700042001-009

Description: A2A - FY19 Funding & Attachment updates

Estimated Contract Value: \$6,272,554.00

If over \$1,000,000 attach the completed Critical Contracts Worksheet. ☐ Attached ☒ Not required

Will federal funds be used for this procurement? ☒ Yes ☒ No

If yes, attach the Subrecipient Determination Checklist approved by DFAS Grants Management. ☒ Attached

Funding Source Coding: Appropriation var	Function Code 1536	Reporting Category Q221
--	--------------------	-------------------------

## Authorized Approval Signatures

ITSD (if required): \_\_\_\_\_

Date: \_\_\_\_\_

Requesting Division: \_\_\_\_\_

Date: \_\_\_\_\_

## FOR DFAS PROCUREMENT USE ONLY

If required, notification has been sent to DLS and DFAS Compliance Unit. ☐ Yes ☐ No ☐ N/A

Have any specific compliance issues been identified by the DFAS Compliance and Quality Control Unit that need to be addressed in the contract? ☐ Yes ☐ No

If yes, provide details: \_\_\_\_\_

Has the document been reviewed and approved by the Division of Legal Services? ☐ Yes ☐ No ☐ N/A

If yes, attach approval e-mails. ☐ Attached

If no or n/a, provide details: \_\_\_\_\_

Has the final document been reviewed and approved by the Requesting Division? ☐ Yes ☐ No ☐ N/A

If yes, attach approval e-mails. ☐ Attached

If no or n/a, provide details: \_\_\_\_\_

If required, has the Critical Contracts Worksheet been reviewed, approved and signed by DSS management?

☐ Yes ☐ No ☐ N/A

If yes, attach approval e-mails. ☐ Attached

If no or n/a, provide details: \_\_\_\_\_

## Ready to Issue

Procurement Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor/Manager (if required): \_\_\_\_\_

Date: \_\_\_\_\_

## Buyer Notes:

## Contract Action Request and Approval (CARA) Form Instructions

**Purpose:** Utilize the CARA form when the Division needs to enter into a contractual arrangement or other agreement with another entity.

*Listed below are instructions for the Requesting Division on how to complete the Division portion of the CARA form.*

**Requesting Division** – From the drop down menu, **select** the Division requesting the action.

**Point of Contact/Requestor** – **Enter** the Division contact person's name. This person will work with the assigned Procurement Officer and should be able to answer questions related to the contract action.

**Action Requested** – **Select** the appropriate box (es) for the action that needs to be taken. (For example: If a contract needs to be renewed, select "Contract Amendment" and the "Renewal" box.)

**Vendor** – **Enter** the vendor's name, if known. If a new bid/RFP is to be completed, please attach a list of potential bidders to be contacted (name, address, phone number, email address).

**Contract #** - **Enter** the contract number for the contract requiring action. If a new bid/RFP, leave this field blank. *Note: If the requested action is for a group of like contracts, one only from is required. Include the contract number series.*

**Description** – **Provide** a brief description on the type of action that needs to be taken. Attach a separate sheet of paper if additional space is needed.

**Estimated Contract Value** – **Enter** estimated dollar value for the contract. If the estimated value is \$1,000,000 or more, **complete** the *Critical Contracts Worksheet* (<http://agencyinfo.intra.state.mo.us/kworksheets.shtm>) and attach to the CARA form. Note: Original DSS management approval signatures are required on this document. Ink stamped or electronic signatures will not be accepted.

**Will federal funds be used for this procurement?** – **Select** the appropriate box (yes or no). If no, no further action is needed. **If yes, complete** the *Subrecipient Determination Checklist* (<http://dssweb/dfas/purchase/index.htm>) and submit to the DFAS Deputy Director-Financial Management (or designee). Attach to the CARA Form when returned to the Division.

**Funding Source Coding:** **Enter** the Appropriation, Function Code and Reporting Category

### Authorized Approval Signatures

ITSD – If the bid/RFP/Contract contains language pertaining to the connectivity to or purchase of information technology systems, equipment etc., ITSD will need to be involved. To ensure ITSD has reviewed the document their signature will be required. An email stating the documentation is approved will be acceptable.

Requesting Division – The authorized signature from the requesting Division is required to ensure the Division is aware of the procurement action to be taken. An email stating the form is approved will be acceptable.

### **FOR DFAS PROCUREMENT USE ONLY (Instructions for Procurement Officers)**

For new contracts/re-bids, notify DLS and DFAS Compliance when the request is received.

Before issuing appropriate document(s), if appropriate, complete remainder for form. Ensure that DLS and Division approvals e-mails are attached.

Critical Contracts Worksheet – Attach all approval signatures with a copy of the form to the back of the CARA Form.

### Ready to Issue

The Procurement Officer will sign/date, on the appropriate line, when the document is ready to issue.

The Procurement Manager/Supervisor will sign/date, when required.

**Buyer Notes** – Enter additional notes as necessary.

# Federal Subrecipient vs. Contractor Determination Checklist (rev 12/31/14)

Division: **DFAS** Completed By: Joy E Benne

Phone: 751-7027 Date: 6/19/2018

Description of Program/Services: A2A FY19 Funding and Attachment Updates

## Subrecipient and Contractor Determinations

- (a) General:** A non-Federal entity may be a recipient, a subrecipient, and/or a contractor. The payments received for goods or services provided as a contractor would not be considered Federal awards. The guidance in paragraphs (b) and (c) of this section should be considered in determining whether payments constitute a Federal award or a payment for goods and services.

Authority: 2 CFR 200.330

### **SUBRECIPIENT (check YES or NO for each statement)**

- (b) Federal Award:** Characteristics which support the classification of the non-Federal entity as a subrecipient include when the non-Federal entity:

1. Determines who is eligible to receive what Federal financial assistance. ☒ Yes ☐ No

Rationale: utilizes eligibility reqs in contract

2. Has its performance measured against whether the objectives of the Federal program are met. ☒ Yes ☐ No

Rationale: clients must meet TANF Goal #1 & 185% FPL

3. Has responsibility for programmatic decision-making. ☒ Yes ☐ No

Rationale: based on client needs

4. Has responsibility for adherence to applicable Federal program compliance requirements. ☒ Yes ☐ No

Rationale: follow TANF guidelines

5. Uses the Federal funds to carry out a program of the organization as compared to providing goods or services for the benefit of the pass-through entity. ☒ Yes ☐ No

Rationale: carries out program & w/ their subcontractors

### **CONTRACTOR (check YES or NO for each statement)**

- (c) Payment for goods and services:** Characteristics indicative of a procurement relationship between the non-Federal entity and a contractor are when the non-Federal entity receiving the Federal Funds:

1. Provides the goods and services within normal business operations. ☒ Yes ☐ No

Rationale: during normal business hrs and emergencies

2. Provides similar goods and services to many different purchasers. ☐ Yes ☒ No

Rationale: provides to pregnant mothers

3. Normally operates in a competitive environment. ☐ Yes ☒ No

Rationale: most are not-for-profit organizations

4. Is not subject to compliance requirements of the Federal program. (Note: This answer should be the opposite of the answer to #4 in the above Subrecipient section.) ☐ Yes ☒ No

Rationale:

5. Provides goods or services that are ancillary (secondary) to the operation of the Federal program. (Note: This answer should be the opposite of the answer to #5 in the above Subrecipient section.) ☐ Yes ☒ No

Rationale:

- (d) Use of judgment in making determination.** There may be unusual circumstances or exceptions to the listed characteristics. In making the determination of whether a subrecipient or contractor relationship exists, the substance of the relationship is more important than the form of the agreement. All of the characteristics listed above may not be present in all cases, and the pass-through entity must use judgment in classifying each agreement as a subaward or a procurement contract.

Determination (Check one): ☒ Subrecipient ☐ Contractor

Additional Comments:

Determination Confirmation (DFAS Grants Mgt): ☐ Yes ☐ No

By:

<b>Federal Funds Disclosure Information*</b> (To Be Completed By DSS-DFAS)
<b>Federal Granting Agency:</b>
<b>Grant Name:</b>
<b>Grant Award Year:</b>
<b>Grant Award # (FAIN):</b>
<b>Catalog of Federal Domestic Assistance (CFDA) Number:</b>
<b>Total Amount of Federal Award:</b>
<b>Federal Award Date:</b> <a href="#">Click here to enter a date.</a>

<b>Federal Funds Disclosure Information - Contract Specific Information*</b> (To be Completed By DSS-DFAS)
<b>Subrecipient Name:</b>
<b>Subrecipient DUNS:</b>
<b>Contract Number:</b>
<b>Contract Period:</b>
<b>Subrecipient Indirect Cost Rate:</b>
<b>Total Amount of Federal Funds Obligated to this Subrecipient:</b>
<b>Total Amount of Federal Funds Obligated by this contract action:</b>
<b>Obligation Date:</b> <a href="#">Click here to enter a date.</a>

\* Per 2 CFR 200.331, when some of this information is not available, provide the best information available to describe the Federal award and subaward.

<b>Disclosure Information Completion Signatures</b> (To be Completed By DSS-DFAS)
<b>Completed By and Completion Date:</b>
<b>Completed By and Completion Date:</b>



---

**From:** Harding, Justin  
**Sent:** Thursday, June 21, 2018 11:29 AM  
**To:** Benne, Joy  
**Subject:** RE: Alternatives to Abortion Program Services - FY2019 Contract Renewal & Attachment Updates

Agree - subR

---

**From:** Benne, Joy  
**Sent:** Thursday, June 21, 2018 9:42 AM  
**To:** Harding, Justin  
**Subject:** Alternatives to Abortion Program Services - FY2019 Contract Renewal & Attachment Updates

Please find attached for your review and approval the FY2019 Alternatives to Abortion Program Services contract renewal request and updated attachments.

Please let me know if you need additional documentation.

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Broadway State Office Building  
221 W. High St., Room 310 - P.O. Box 1082  
Jefferson City, MO 65102-1082  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

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---

**From:** Wilcoxson, Kathleen  
**Sent:** Thursday, June 21, 2018 11:42 AM  
**To:** Williams, Levi  
**Cc:** Pilz, Cameron  
**Subject:** New Sliders for Internet  
**Attachments:** Slide2 - LIHEAP Summer.png; Slide4 - Jobs.mo.gov.png; Slide8 - HITE.PNG; Slide3 - Summer Food Program.png; Slide5 - Paternity.png; Slide7 - Alternatives to Abortion.png

Levi,

Please create a ticket to UPDATE the Sliders on the Internet (Let me check before submitting):

Child Abuse – KEEP SAME  
SkillUP – KEEP SAME

LIHEAP – Summer (replace existing)  
Jobs – (replace existing)  
HITE – (replace existing)

Summer Food Program – NEW  
Paternity – NEW  
Alternatives to Abortion – NEW

***Kathleen S. Wilcoxson, MPA***

*Public Information Administrator  
FSD Director's Office Communications*

---

Missouri Department of Social Services  
Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65102  
Phone: 573-526-4799  
Fax: 573-751-0507  
Email: [kathleen.wilcoxson@dss.mo.gov](mailto:kathleen.wilcoxson@dss.mo.gov)

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# Need relief from the heat?

- Is your electric shut off?
- Is it threatened to be?

**LIHEAP can help!**

**(Low Income Home Energy Assistance Program)**



*Missouri Department of Social Services*  
**FAMILY SUPPORT DIVISION**

**Get an application at  
[mydss.mo.gov/services](http://mydss.mo.gov/services)  
or call 1-855-373-4636**

# Need Help Feeding Your Child during Summer?

Information at:

**888-435-1464**

**[health.mo.gov/sfsp](http://health.mo.gov/sfsp)**



Find more job listings online at:



Or call your local Job Center at:  
1-888-728-5627





# **Establishing Paternity?**

**Child Support  
can help you!**

**1-855-454-8037**

**[dss.mo.gov/child-support/establish-paternity.htm](https://dss.mo.gov/child-support/establish-paternity.htm)**



# Pregnant?

Learn about  
**Alternatives to Abortion**

**1-573-751-7027**

[dss.mo.gov/fsd/a2a](https://dss.mo.gov/fsd/a2a)



**Your career in  
health care  
is waiting!**

More information at:  
[mydss.mo.gov/hpog-hite](http://mydss.mo.gov/hpog-hite)





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**From:** Benne, Joy  
**Sent:** Thursday, June 21, 2018 11:47 AM  
**To:** Morrison, Mary Ann  
**Subject:** Alternatives to Abortion FY2019 Contract Renewal & Attachment Updates  
**Attachments:** Attachment 5 Quarterly Expenditure Report Template (FY18) REVISED 3-21-1....xlsx; Attachment 2 Minor Parent Income Determination Formula 6-15-18.docx; Attachment 2A 2018 Income Guidelines (Weekly-Monthly-Annual) 6-19-18.pdf; Attachment 3 Request for Preauthorization for Other Services REVISED 5-1....docx; Attachment 4 Client Survey Instructions (Jan-Jun 2018) REVISED 3-27-18.docx; Attachment 4A Customer Satisfaction Survey 3-27-18.docx; SubR (A2A FY19 Funding & Attachment Updates) 6-19-18.docx; A2A federal-funds-disclosure (FY2019 contract period) 6-21-18.pdf; CARA (A2A FY19 Funding & Attachment Updates) 6-19-18.docx; A2A Budget (FY19 Renewal) 6-21-18.xlsx; A2A Contract List & FY19 Updates.docx; RE: Alternatives to Abortion Program Services - FY2019 Contract Renewal & Attachment Updates; RE: A2A Grant Info for FY2019; RE: Alternatives to Abortion - FY19 Renewal and Attachment Updates

Mary Ann,

Please find attached the request to renew the Alternative to Abortion contract and update some of the attachments. I've included Gina's, Justin's and Shereen's email of approval. Please note the federal grant information will have to be updated after September 30, 2018, I have a tickler on my calendar. Please let me know if you need any additional information or have questions.

Thanks.

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Broadway State Office Building  
221 W. High St., Room 310 - P.O. Box 1082  
Jefferson City, MO 65102-1082  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

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## 1st Renewal Funding

## Proposed FY19 Allocations

FY19  
adjustments  
per emails

**FY19 Renewal Amt**  
**2nd Renewal**  
**(7/1/18 to**  
**6/30/19) Proposed**

**FY19 Renewal Amt**  
**2nd Renewal**  
**(7/1/18 to 6/30/19)**  
**EXECUTED**

**Totals**

**\$1,554,090.36**

**\$6,222,988.84**

**\$6,272,554.00**

\$6,272,554.00

\$6,272,554.00

Provider (contract# extension)	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18
Alliance for Life - Missouri (001)	2	\$68,800.00	\$28,666.67	\$220,166.65
	3	\$270,000.00	\$112,500.00	\$380,681.30
	4	\$10,000.00	\$4,166.67	\$246,385.92
	5	\$91,332.00	\$38,055.00	\$133,229.05
	6	\$454,504.40	\$189,376.83	\$597,304.77
	7	\$228,000.00	\$95,000.00	\$325,682.73
	8	\$20,000.00	\$8,333.33	\$74,768.84
	9	\$24,000.00	\$10,000.00	\$172,118.88
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18
Catholic Charities of Southern MO (002)	7	\$233,458.00	\$97,274.17	\$344,847.52
	8	\$69,698.00	\$29,040.83	\$56,076.63
	9	\$94,500.00	\$39,375.00	\$129,089.16
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18
Faith Maternity Care (003)	4	\$88,870.00	\$37,029.17	\$183,323.00
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18
The Haven of Grace (004)	6	\$318,156.95	\$132,565.40	\$505,633.40
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18
Laclede County Pregnancy Support Center (005)	5	\$60,888.00	\$25,370.00	\$60,888.00
	7	\$114,925.00	\$47,885.42	\$84,925.00
	8	\$38,442.00	\$16,017.50	\$30,442.00
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18
Light HOUSE Inc (006)	3	\$200,000.00	\$83,333.33	\$280,962.00
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18
Lutheran Family & Children's Services of Missouri (007)	1	\$69,783.78	\$29,076.58	\$254,665.69
	3	\$173,996.15	\$72,498.40	\$289,190.44
	4	\$112,597.68	\$46,915.70	\$184,789.44
	6	\$272,711.69	\$113,629.87	\$464,039.97
	7	\$167,087.00	\$69,619.58	\$252,911.13
	9	\$78,716.24	\$32,798.43	\$129,089.16
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18
Mother's Refuge (008)	3	\$151,193.00	\$62,997.08	\$343,778.16
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18
Nurses for Newborns (009)	6	\$318,156.95	\$132,565.40	\$478,000.00

**\$6,272,554.00**

\$6,272,554.00

\$0.00

\$6,272,554.00

\$6,272,554.00

\$0.00

The federal funds disclosure information is below - **This needs to be updated in September 2018**

**Federal Granting Agency:** US Department of Health and Human Services

**Grant Name:** Temporary Assistance for Needy Families

Grant Award Year: FFY2018

Grant Award (Doc) Number: 1801MOTANF

CFDA Number: 93.558

**Federal Award Date:** 10/1/2017

Per Sheeren Kline 6/21/2018

Federal Funds Disclosure Information*	
Pass-through Entity Information (To be completed by DFAS Procurement Unit)	
Missouri Department of Social Services	
Contact Information:	
Contract Specific Information (To be completed by DFAS Procurement Unit)	
Subrecipient Name:	
Contract Number:	
Period of Performance (Contract) Start and End Dates:	through
Federal Funds Committed to Subrecipient for Subaward: <i>If not the full contract amount, also note the % of the contract which is Federally funded</i> %	
Indirect Cost Rate for Federal Award (Select one. Specify % if not De Minimis)	
<input type="checkbox"/> 10% De Minimis <b>OR</b> <input type="checkbox"/> % Federally Negotiated Indirect Cost Rate <b>OR</b> <input type="checkbox"/> % Negotiated with DSS (to be used only if vendor previously had a FNICR, but does not have one currently. This must be approved by DFAS CSU)	
Completed By:	Date:

Federal Award Information (To Be Completed by DFAS Grants Unit)	
Federal Granting Agency: US Department of Health and Human Services	
Grant Name: Temporary Assistance for Needy Families	
Catalog of Federal Domestic Assistance (CFDA) Number: 93.558	
For Expenditures Reimbursed by DSS through 09/30/ 18 :	
Grant Award Year: FY2018	
Grant Award Number: 1801MOTANF	
Federal Award Date: 10/01/2017	
For Expenditures Reimbursed by DSS 10/01/ through Contract End Date:	
Grant Award Year:	
Grant Award Number:	
Federal Award Date:	
Completed By: Shereen Kline	Date: 06/21/2018

*\*Per 2 CFR 200.331, when some of this information is not available, provide the best information available to describe the Federal award and subaward. If any of these data elements change, changes will be included in a subsequent subaward modification.*

## **ALTERNATIVES TO ABORTION CONTRACT LIST (CS170042)**

Alliance for Life – Missouri (001)  
Catholic Charities of Southern MO (002)  
Faith Maternity Care (003)  
The Haven of Grace (004)  
Laclede County Pregnancy Support Center (005)  
Light HOUSE Inc (006)  
Lutheran Family & Children's Services of Missouri (007)  
Mother's Refuge (008)  
Nurses for Newborns (009)

### **FY2019 Updates**

- Renew contract for the period of July 1, 2018 through June 30, 2019
  - Proposed allocation are on the A2A Budget attachment (use yellow highlighted figures for each contractor/region)
- Per House Bill 2011, Section 11.115, lines 3-5 the A2A program is to provide “diapers and other infant hygiene products to women who qualify for alternative to abortion services”. Section 2.3.2.o Supplies will need to be updated to include this new requirement.
- Delete and replace in their entirety the follow attachments:
  - Attachment 2 Minor Parent Income Determination Formula
  - Attachment 2A 2018 Income Guidelines
  - Attachment 3 Request for Preauthorization for Other Services
  - Attachment 4 Client Survey Instructions
  - Attachment 4A Customer Satisfaction Survey
  - Attachment 5 Quarterly Expenditure Report Template
    - This needs to be sent in Excel format

## **ATTACHMENT 2**

### **MINOR PARENT INCOME DETERMINATION FORMULA**

(Revised June 2018)

**NOTE:** The “minor parent's parent” will be referred to as the “major parent”.

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

**NOTE:** Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

**NOTE:** DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
  - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 2A) for the major parent and their dependents in the household (do not include the minor parent and child).
    - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
  - 2) A \$90 work expense standard for each employed major parent.
  - 3) An amount equal to the full need standard (see Attachment 2A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.

- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

**EXAMPLE:** Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$\$3,000 - 1,732$  (100% of the Federal Poverty Level for 3) = 1,268

$\$1,268 - \$90 = 1,178$

$\$1,178 - \$846$  (full need standard for 3) = \$332

\$332 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

## Attachment 2A

### 2018 INCOME GUIDELINES

(Revised June 2018)

#### 185% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
Annual Income	\$22,459.00	\$30,451.00	\$38,443.00	\$46,435.00	\$54,427.00	\$62,419.00	\$70,411.00	\$78,403.00	\$86,395.00	\$94,387.00	\$102,379.00
Monthly Income	\$1,872.00	\$2,538.00	\$3,204.00	\$3,870.00	\$4,536.00	\$5,202.00	\$5,868.00	\$6,534.00	\$7,200.00	\$7,866.00	\$8,532.00
Weekly Income	\$431.90	\$585.60	\$739.29	\$892.98	\$1,046.67	\$1,200.37	\$1,354.06	\$1,507.75	\$1,661.44	\$1,815.13	\$1,968.83
Bi-weekly Income	\$863.81	\$1,171.19	\$1,478.58	\$1,785.96	\$2,093.35	\$2,400.73	\$2,708.12	\$3,015.50	\$3,322.88	\$3,630.27	\$3,937.65
Hourly wage	\$10.80	\$14.64	\$18.48	\$22.32	\$26.17	\$30.01	\$33.85	\$37.69	\$41.54	\$45.38	\$49.22

#### Major Parent Deeming

#### 100% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
Annual Income	\$1,240.00	\$16,460.00	\$20,780.00	\$25,100.00	\$29,420.00	\$33,740.00	\$38,060.00	\$42,380.00	\$46,700.00	\$51,020.00	\$55,340.00
Full Need Standard - Annual	\$8,136.00	\$8,136.00	\$10,152.00	\$11,880.00	\$13,476.00	\$14,964.00	\$16,464.00	\$17,868.00	\$19,272.00	\$20,664.00	\$22,068.00
Monthly Income	\$1,012.00	\$1,372.00	\$1,732.00	\$2,092.00	\$2,452.00	\$2,812.00	\$3,172.00	\$3,532.00	\$3,892.00	\$4,252.00	\$4,612.00
Full Need Standard - Monthly	\$678.00	\$678.00	\$846.00	\$990.00	\$1,123.00	\$1,247.00	\$1,372.00	\$1,489.00	\$1,606.00	\$1,722.00	\$1,839.00
Weekly Income	\$23.85	\$316.54	\$399.62	\$482.69	\$565.77	\$648.85	\$731.92	\$815.00	\$898.08	\$981.15	\$1,064.23
Full Need Standard - Weekly		\$312.92	\$390.46	\$456.92	\$518.31	\$575.54	\$633.23	\$687.23	\$741.23	\$794.77	\$848.77

# Attachment 3

## Department of Social Services

### Reimbursement Request for Other Services

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

**If applicable, subcontractors are to return this form to their contractor for prior approval.**

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov).*

Authorized signature of Subcontractor: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_\_ Denied \_\_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_



**Attachment 4**  
**Alternatives to Abortion (A2A) Program**  
**Client Satisfaction Survey Directions**

1. To save time, and funding, the survey can be printed on one (1) page (duplexed/printed on both sides of one [1] sheet of paper).
2. Pursuant to section 2.4.4 of the A2A contract, every June and December the contractor must administer the Client Satisfaction Survey (survey) to all A2A clients who received A2A program services. Each client should complete one (1) survey.
3. The client should be given a plain sealable envelope with the Contractor's name on the outside of the envelope along with a clean copy of the survey (e.g. survey should not be highlighted or marked in any way). For contractors with subcontractors, the contractor's name, as well as the subcontractor's name, shall both appear on the outside of the envelope. The client shall complete the survey, while not in the presence of the contractor or subcontractor, and return the survey, back to the contractor, in a sealed envelope.
4. Please forward all sealed envelopes no later than July 15 or January 15 to following address:

Alternatives to Abortion Program  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643

**Attachment 4A****ALTERNATIVES TO ABORTION (A2A) PROGRAM  
CLIENT SATISFACTION SURVEY****A2A Provider:****Services Received:** ☐ January through June☐ July through December**How did you hear about the A2A program?** ☐ A2A Website ☐ Internet ☐ Friend☐ Other \_\_\_\_\_**Please rate your experience with the A2A program service you received by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied

3-Neutral

4-Satisfied

5-Extremely Satisfied

NA-Not Applicable/Service not received

<b>A2A Program Service</b>	<b>Circle Rating</b>					
Case Management	1	2	3	4	5	NA
Child Care (babysitting)	1	2	3	4	5	NA
Clothing (mom and/or baby)	1	2	3	4	5	NA
Continuing Education/School	1	2	3	4	5	NA
Counseling	1	2	3	4	5	NA
Domestic Abuse Prevention	1	2	3	4	5	NA
Drug/Alcohol Testing/Treatment	1	2	3	4	5	NA
Finding a Home/Housing Assistance	1	2	3	4	5	NA
Food	1	2	3	4	5	NA
Going Back to School	1	2	3	4	5	NA
Help with an Adoption	1	2	3	4	5	NA
Involving and Teaching the Baby's Father	1	2	3	4	5	NA
Job Placement	1	2	3	4	5	NA
Job Training	1	2	3	4	5	NA
Medical Care Referrals for Me	1	2	3	4	5	NA
Medical Care Referrals for my Baby	1	2	3	4	5	NA
Paying Utilities (Electric/Gas Bills)	1	2	3	4	5	NA
Prenatal Care Referrals	1	2	3	4	5	NA
Supplies	1	2	3	4	5	NA
Teaching Parenting Skills	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Ultrasound Referrals	1	2	3	4	5	NA

**Please rate your experience with the A2A program service provider by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied 3-Neutral

#### 4-Satisfied

5-Extremely Satisfied

A2A Service Provider	Circle Rating				
Schedule appointment(s) which are convenient for me.	1	2	3	4	5
Seen at my appointment time(s).	1	2	3	4	5
Able to decide which service(s) I want/need.	1	2	3	4	5
I fully understand the service(s) I am receiving.	1	2	3	4	5
The A2A program service(s) I receive have assisted me in continuing my pregnancy.	1	2	3	4	5
Overall satisfaction with the A2A program services.	1	2	3	4	5
I would recommend this A2A provider to a friend or family member.	1	2	3	4	5

**Comments:**

[illegible]

**Missouri Department of Social Services  
A2A Quarterly Expenditure Report**

Agency: <span style="color: red;">[Insert Agency Name]</span>	Contract Number:
---	------------------

*Program Year July 1, 2018 - June 30, 2019*

Program Quarter: 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter ☐

Revenue	Federal (TANF)
---------	----------------

Revenue Request	\$ -
-----------------	------

**Indirect Administrative Costs Calculations**

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:	\$ -
-------------------	------

Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
--	-------

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

**OR**

**Option 2: 10 % De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost	\$ -
---	------

10%

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

Direct Administrative Costs	Federal (TANF)
-----------------------------	----------------

Program Salaries and Wages	\$ -
----------------------------	------

Employee Benefits	\$ -
-------------------	------

Employee Travel	\$ -
-----------------	------

Employee Training	\$ -
-------------------	------

Office Rent/Space	\$ -
-------------------	------

Office Utilities	\$ -
------------------	------

Facility Insurance	\$ -
--------------------	------

Office Supplies (under \$5,000)	\$ -
---------------------------------	------

Equipment ( Capitol Equipment over \$5,000 threshold)	\$ -
---	------

Office Communications	\$ -
-----------------------	------

Office Repairs and Maintenance	\$ -
--------------------------------	------

Contract/Consulting	\$ -
---------------------	------

Other (list):	\$ -
---------------	------

(add other categories as needed)	\$ -
----------------------------------	------

	\$ -
--	------

<b>Total Direct Administrative Cost</b>	\$ -
---	------

Less:

<span style="color: red;">Equipment (Capital Equipment over the \$5,000 threshold)</span>	0
---	---

<span style="color: red;">Contracting/Consulting (amount of each contract service over \$25,000)</span>	0
---	---

<span style="color: red;">Other based on definition</span>	0
--	---

<b>Modified Total Direct Administrative Cost</b>	\$ -
--	------

Participant Services	Federal (TANF)
----------------------	----------------

Transportation	\$ -
----------------	------

Job Training	\$ -
--------------	------

Tuition Assistance	\$ -
--------------------	------

Contracted Residential Care	\$ -
-----------------------------	------

Utility Assistance	\$ -
--------------------	------

Emergency Shelter	\$ -
-------------------	------

Housing Assistance	\$ -
--------------------	------

(add others as needed)	\$ -
------------------------	------

	\$ -
--	------

<b>Total Participant Costs</b>	\$ -
--------------------------------	------

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of [Insert Agency Name]

Date

# Contract Action Request and Approval Form

(rev 10/1/13)

Requesting Division: DFAS

Point of Contact/Requestor: Joy E Benne

Action Requested: ☐ New Contract ☒ Contract Amendment (specify type) ☐ MOU/MOA (specify type)  
☐ New Bid/RFP ☐ Renewal ☒ Other ☐ Renewal ☐ Other  
☐ Other Action \_\_\_\_\_

Vendor (if known): Various - see attached list

Contract # (if known): CS1700042001-009

Description: A2A - FY19 Funding & Attachment updates

Estimated Contract Value: \$6,272,554.00

If over \$1,000,000 attach the completed Critical Contracts Worksheet. ☐ Attached ☒ Not required

Will federal funds be used for this procurement? ☒ Yes ☒ No

If yes, attach the Subrecipient Determination Checklist approved by DFAS Grants Management. ☒ Attached

Funding Source Coding: Appropriation var	Function Code 1536	Reporting Category Q221
--	--------------------	-------------------------

## Authorized Approval Signatures

ITSD (if required): \_\_\_\_\_

Date: \_\_\_\_\_

Requesting Division: \_\_\_\_\_

Date: \_\_\_\_\_

## FOR DFAS PROCUREMENT USE ONLY

If required, notification has been sent to DLS and DFAS Compliance Unit. ☐ Yes ☐ No ☐ N/A

Have any specific compliance issues been identified by the DFAS Compliance and Quality Control Unit that need to be addressed in the contract? ☐ Yes ☐ No

If yes, provide details: \_\_\_\_\_

Has the document been reviewed and approved by the Division of Legal Services? ☐ Yes ☐ No ☐ N/A

If yes, attach approval e-mails. ☐ Attached

If no or n/a, provide details: \_\_\_\_\_

Has the final document been reviewed and approved by the Requesting Division? ☐ Yes ☐ No ☐ N/A

If yes, attach approval e-mails. ☐ Attached

If no or n/a, provide details: \_\_\_\_\_

If required, has the Critical Contracts Worksheet been reviewed, approved and signed by DSS management?

☐ Yes ☐ No ☐ N/A

If yes, attach approval e-mails. ☐ Attached

If no or n/a, provide details: \_\_\_\_\_

## Ready to Issue

Procurement Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor/Manager (if required): \_\_\_\_\_

Date: \_\_\_\_\_

## Buyer Notes:

## Contract Action Request and Approval (CARA) Form Instructions

**Purpose:** Utilize the CARA form when the Division needs to enter into a contractual arrangement or other agreement with another entity.

*Listed below are instructions for the Requesting Division on how to complete the Division portion of the CARA form.*

**Requesting Division** – From the drop down menu, **select** the Division requesting the action.

**Point of Contact/Requestor** – **Enter** the Division contact person's name. This person will work with the assigned Procurement Officer and should be able to answer questions related to the contract action.

**Action Requested** – **Select** the appropriate box (es) for the action that needs to be taken. (For example: If a contract needs to be renewed, select "Contract Amendment" and the "Renewal" box.)

**Vendor** – **Enter** the vendor's name, if known. If a new bid/RFP is to be completed, please attach a list of potential bidders to be contacted (name, address, phone number, email address).

**Contract #** - **Enter** the contract number for the contract requiring action. If a new bid/RFP, leave this field blank. *Note: If the requested action is for a group of like contracts, one only from is required. Include the contract number series.*

**Description** – **Provide** a brief description on the type of action that needs to be taken. Attach a separate sheet of paper if additional space is needed.

**Estimated Contract Value** – **Enter** estimated dollar value for the contract. If the estimated value is \$1,000,000 or more, **complete** the *Critical Contracts Worksheet* (<http://agencyinfo.intra.state.mo.us/kworksheets.shtm>) and attach to the CARA form. Note: Original DSS management approval signatures are required on this document. Ink stamped or electronic signatures will not be accepted.

**Will federal funds be used for this procurement?** – **Select** the appropriate box (yes or no). If no, no further action is needed. **If yes, complete** the *Subrecipient Determination Checklist* (<http://dssweb/dfas/purchase/index.htm>) and submit to the DFAS Deputy Director-Financial Management (or designee). Attach to the CARA Form when returned to the Division.

**Funding Source Coding:** **Enter** the Appropriation, Function Code and Reporting Category

### Authorized Approval Signatures

ITSD – If the bid/RFP/Contract contains language pertaining to the connectivity to or purchase of information technology systems, equipment etc., ITSD will need to be involved. To ensure ITSD has reviewed the document their signature will be required. An email stating the documentation is approved will be acceptable.

Requesting Division – The authorized signature from the requesting Division is required to ensure the Division is aware of the procurement action to be taken. An email stating the form is approved will be acceptable.

### **FOR DFAS PROCUREMENT USE ONLY (Instructions for Procurement Officers)**

For new contracts/re-bids, notify DLS and DFAS Compliance when the request is received.

Before issuing appropriate document(s), if appropriate, complete remainder for form. Ensure that DLS and Division approvals e-mails are attached.

Critical Contracts Worksheet – Attach all approval signatures with a copy of the form to the back of the CARA Form.

### Ready to Issue

The Procurement Officer will sign/date, on the appropriate line, when the document is ready to issue.

The Procurement Manager/Supervisor will sign/date, when required.

**Buyer Notes** – Enter additional notes as necessary.

---

**From:** Kline, Shereen  
**Sent:** Thursday, June 21, 2018 8:21 AM  
**To:** Benne, Joy  
**Cc:** Frazer, Sheena  
**Subject:** RE: A2A Grant Info for FY2019  
**Attachments:** A2A federal-funds-disclosure.pdf

Hi Joy

Please see the attached.

Best Regards

**Shereen Kline**  
**Fiscal and Administrative Manager**  
**Division of Finance and Administrative Services**  
**Missouri Department of Social Services**  
**(573) 751-8934**

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---

**From:** Frazer, Sheena  
**Sent:** Wednesday, June 20, 2018 4:59 PM  
**To:** Kline, Shereen  
**Cc:** Benne, Joy  
**Subject:** FW: A2A Grant Info for FY2019

Please complete a federal funds disclosure form to disclose FY18 TANF funds in the top section for expenditures through 09/30/18 and the bottom portion will be blank.

*Sheena Frazer*  
Grants Unit Manager  
Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7302 / Fax: (573) 751-7598  
Email: [Sheena.Frazer@dss.mo.gov](mailto:Sheena.Frazer@dss.mo.gov)

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---

**From:** Benne, Joy  
**Sent:** Wednesday, June 20, 2018 3:36 PM  
**To:** Frazer, Sheena  
**Subject:** RE: A2A Grant Info for FY2019

July 1, 2018 through June 30, 2019

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Frazer, Sheena  
**Sent:** Wednesday, June 20, 2018 3:36 PM  
**To:** Benne, Joy; Kline, Shereen  
**Subject:** RE: A2A Grant Info for FY2019

What is the contract period?

*Sheena Frazer*  
Grants Unit Manager  
Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7302 / Fax: (573) 751-7598  
Email: [Sheena.Frazer@dss.mo.gov](mailto:Sheena.Frazer@dss.mo.gov)

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---

**From:** Benne, Joy  
**Sent:** Wednesday, June 20, 2018 3:30 PM  
**To:** Frazer, Sheena; Kline, Shereen  
**Subject:** A2A Grant Info for FY2019  
**Importance:** High

I have FSD asking for FY2019 grant info for the A2A program....along with the contractor information. Could you provide that to me? Listed below is FY18 information

Federal Granting Agency: Administration for Children and Families (ACF)  
Grant Name: Temporary Assistance for Needy Families (TANF) program  
Grant Award Year: FFY2017  
Grant Award # (FAIN): 1701MOTANF  
Catalog of Federal Domestic Assistance (CFDA) Number: 93.558

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services



Broadway State Office Building  
221 W. High St., Room 310 - P.O. Box 1082  
Jefferson City, MO 65102-1082  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

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Federal Funds Disclosure Information*	
Pass-through Entity Information (To be completed by DFAS Procurement Unit)	
Missouri Department of Social Services	
Contact Information:	
Contract Specific Information (To be completed by DFAS Procurement Unit)	
Subrecipient Name:	
Contract Number:	
Period of Performance (Contract) Start and End Dates:	through
Federal Funds Committed to Subrecipient for Subaward: <i>If not the full contract amount, also note the % of the contract which is Federally funded</i> %	
Indirect Cost Rate for Federal Award (Select one. Specify % if not De Minimis)	
<input type="checkbox"/> 10% De Minimis <b>OR</b> <input type="checkbox"/> % Federally Negotiated Indirect Cost Rate <b>OR</b> <input type="checkbox"/> % Negotiated with DSS (to be used only if vendor previously had a FNICR, but does not have one currently. This must be approved by DFAS CSU)	
Completed By:	Date:

Federal Award Information (To Be Completed by DFAS Grants Unit)	
Federal Granting Agency: US Department of Health and Human Services	
Grant Name: Temporary Assistance for Needy Families	
Catalog of Federal Domestic Assistance (CFDA) Number: 93.558	
For Expenditures Reimbursed by DSS through 09/30/ 18 :	
Grant Award Year: FY2018	
Grant Award Number: 1801MOTANF	
Federal Award Date: 10/01/2017	
For Expenditures Reimbursed by DSS 10/01/ through Contract End Date:	
Grant Award Year:	
Grant Award Number:	
Federal Award Date:	
Completed By: Shereen Kline	Date: 06/21/2018

*\*Per 2 CFR 200.331, when some of this information is not available, provide the best information available to describe the Federal award and subaward. If any of these data elements change, changes will be included in a subsequent subaward modification.*

---

**From:** Jacobs, Gina M  
**Sent:** Wednesday, June 20, 2018 5:31 PM  
**To:** Benne, Joy  
**Subject:** RE: Alternatives to Abortion - FY19 Renewal and Attachment Updates

It looks good. You're good to go on this one!

Thanks,

Gina M. Jacobs  
Deputy Director  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
615 Howerton Court  
Jefferson City, MO 65102-1643

(573) 526-7832 - Voice  
(573) 526-4678 - Fax

---

**From:** Benne, Joy  
**Sent:** Wednesday, June 20, 2018 9:34 AM  
**To:** Jacobs, Gina M  
**Subject:** Alternatives to Abortion - FY19 Renewal and Attachment Updates

Gina,  
Attached for your review and approval is the FY2019 Alternatives to Abortion Program Services. In FY2019 the contracts will exercise the 2<sup>nd</sup> of 3 renewal options, funding amounts are the same as FY2018, and several attachments (Income Guidelines, Survey, Request for other Services, and Quarterly Expenditure Report) are being updated. I send their invoice out after the award with the amounts included.  
Let me know your thoughts.

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Broadway State Office Building  
221 W. High St., Room 310 - P.O. Box 1082  
Jefferson City, MO 65102-1082  
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---

**From:** Harding, Justin  
**Sent:** Thursday, June 21, 2018 11:29 AM  
**To:** Benne, Joy  
**Subject:** RE: Alternatives to Abortion Program Services - FY2019 Contract Renewal & Attachment Updates

Agree - subR

---

**From:** Benne, Joy  
**Sent:** Thursday, June 21, 2018 9:42 AM  
**To:** Harding, Justin  
**Subject:** Alternatives to Abortion Program Services - FY2019 Contract Renewal & Attachment Updates

Please find attached for your review and approval the FY2019 Alternatives to Abortion Program Services contract renewal request and updated attachments.

Please let me know if you need additional documentation.

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Broadway State Office Building  
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# Federal Subrecipient vs. Contractor Determination Checklist (rev 12/31/14)

Division: **DFAS** Completed By: Joy E Benne

Phone: 751-7027 Date: 6/19/2018

Description of Program/Services: A2A FY19 Funding and Attachment Updates

## Subrecipient and Contractor Determinations

- (a) **General:** A non-Federal entity may be a recipient, a subrecipient, and/or a contractor. The payments received for goods or services provided as a contractor would not be considered Federal awards. The guidance in paragraphs (b) and (c) of this section should be considered in determining whether payments constitute a Federal award or a payment for goods and services.

Authority: 2 CFR 200.330

### **SUBRECIPIENT (check YES or NO for each statement)**

- (b) **Federal Award:** Characteristics which support the classification of the non-Federal entity as a subrecipient include when the non-Federal entity:

1. Determines who is eligible to receive what Federal financial assistance. ☒ Yes ☐ No

Rationale: utilizes eligibility reqs in contract

2. Has its performance measured against whether the objectives of the Federal program are met. ☒ Yes ☐ No

Rationale: clients must meet TANF Goal #1 & 185% FPL

3. Has responsibility for programmatic decision-making. ☒ Yes ☐ No

Rationale: based on client needs

4. Has responsibility for adherence to applicable Federal program compliance requirements. ☒ Yes ☐ No

Rationale: follow TANF guidelines

5. Uses the Federal funds to carry out a program of the organization as compared to providing goods or services for the benefit of the pass-through entity. ☒ Yes ☐ No

Rationale: carries out program & w/ their subcontractors

### **CONTRACTOR (check YES or NO for each statement)**

- (c) **Payment for goods and services:** Characteristics indicative of a procurement relationship between the non-Federal entity and a contractor are when the non-Federal entity receiving the Federal Funds:

1. Provides the goods and services within normal business operations. ☒ Yes ☐ No

Rationale: during normal business hrs and emergencies

2. Provides similar goods and services to many different purchasers. ☐ Yes ☒ No

Rationale: provides to pregnant mothers

3. Normally operates in a competitive environment. ☐ Yes ☒ No

Rationale: most are not-for-profit organizations

4. Is not subject to compliance requirements of the Federal program. (Note: This answer should be the opposite of the answer to #4 in the above Subrecipient section.) ☐ Yes ☒ No

Rationale:

5. Provides goods or services that are ancillary (secondary) to the operation of the Federal program. (Note: This answer should be the opposite of the answer to #5 in the above Subrecipient section.) ☐ Yes ☒ No

Rationale:

- (d) **Use of judgment in making determination.** There may be unusual circumstances or exceptions to the listed characteristics. In making the determination of whether a subrecipient or contractor relationship exists, the substance of the relationship is more important than the form of the agreement. All of the characteristics listed above may not be present in all cases, and the pass-through entity must use judgment in classifying each agreement as a subaward or a procurement contract.

Determination (Check one): ☒ Subrecipient ☐ Contractor

Additional Comments:

Determination Confirmation (DFAS Grants Mgt): ☐ Yes ☐ No

By:

<b>Federal Funds Disclosure Information*</b> (To Be Completed By DSS-DFAS)
<b>Federal Granting Agency:</b>
<b>Grant Name:</b>
<b>Grant Award Year:</b>
<b>Grant Award # (FAIN):</b>
<b>Catalog of Federal Domestic Assistance (CFDA) Number:</b>
<b>Total Amount of Federal Award:</b>
<b>Federal Award Date:</b> <a href="#">Click here to enter a date.</a>

<b>Federal Funds Disclosure Information - Contract Specific Information*</b> (To be Completed By DSS-DFAS)
<b>Subrecipient Name:</b>
<b>Subrecipient DUNS:</b>
<b>Contract Number:</b>
<b>Contract Period:</b>
<b>Subrecipient Indirect Cost Rate:</b>
<b>Total Amount of Federal Funds Obligated to this Subrecipient:</b>
<b>Total Amount of Federal Funds Obligated by this contract action:</b>
<b>Obligation Date:</b> <a href="#">Click here to enter a date.</a>

\* Per 2 CFR 200.331, when some of this information is not available, provide the best information available to describe the Federal award and subaward.

<b>Disclosure Information Completion Signatures</b> (To be Completed By DSS-DFAS)
<b>Completed By and Completion Date:</b>
<b>Completed By and Completion Date:</b>

---

**From:** Kline, Shereen  
**Sent:** Thursday, June 21, 2018 8:21 AM  
**To:** Benne, Joy  
**Cc:** Frazer, Sheena  
**Subject:** RE: A2A Grant Info for FY2019  
**Attachments:** A2A federal-funds-disclosure.pdf

Hi Joy

Please see the attached.

Best Regards

**Shereen Kline**  
**Fiscal and Administrative Manager**  
**Division of Finance and Administrative Services**  
**Missouri Department of Social Services**  
**(573) 751-8934**

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**From:** Frazer, Sheena  
**Sent:** Wednesday, June 20, 2018 4:59 PM  
**To:** Kline, Shereen  
**Cc:** Benne, Joy  
**Subject:** FW: A2A Grant Info for FY2019

Please complete a federal funds disclosure form to disclose FY18 TANF funds in the top section for expenditures through 09/30/18 and the bottom portion will be blank.

*Sheena Frazer*  
Grants Unit Manager  
Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7302 / Fax: (573) 751-7598  
Email: [Sheena.Frazer@dss.mo.gov](mailto:Sheena.Frazer@dss.mo.gov)

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**From:** Benne, Joy  
**Sent:** Wednesday, June 20, 2018 3:36 PM  
**To:** Frazer, Sheena  
**Subject:** RE: A2A Grant Info for FY2019

July 1, 2018 through June 30, 2019

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Frazer, Sheena  
**Sent:** Wednesday, June 20, 2018 3:36 PM  
**To:** Benne, Joy; Kline, Shereen  
**Subject:** RE: A2A Grant Info for FY2019

What is the contract period?

*Sheena Frazer*  
Grants Unit Manager  
Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7302 / Fax: (573) 751-7598  
Email: [Sheena.Frazer@dss.mo.gov](mailto:Sheena.Frazer@dss.mo.gov)

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**From:** Benne, Joy  
**Sent:** Wednesday, June 20, 2018 3:30 PM  
**To:** Frazer, Sheena; Kline, Shereen  
**Subject:** A2A Grant Info for FY2019  
**Importance:** High

I have FSD asking for FY2019 grant info for the A2A program....along with the contractor information. Could you provide that to me? Listed below is FY18 information

Federal Granting Agency: Administration for Children and Families (ACF)  
Grant Name: Temporary Assistance for Needy Families (TANF) program  
Grant Award Year: FFY2017  
Grant Award # (FAIN): 1701MOTANF  
Catalog of Federal Domestic Assistance (CFDA) Number: 93.558

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services



Broadway State Office Building  
221 W. High St., Room 310 - P.O. Box 1082  
Jefferson City, MO 65102-1082  
Phone: (573) 751-7027  
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Federal Funds Disclosure Information*	
Pass-through Entity Information (To be completed by DFAS Procurement Unit)	
Missouri Department of Social Services	
Contact Information:	
Contract Specific Information (To be completed by DFAS Procurement Unit)	
Subrecipient Name:	
Contract Number:	
Period of Performance (Contract) Start and End Dates:	through
Federal Funds Committed to Subrecipient for Subaward: <i>If not the full contract amount, also note the % of the contract which is Federally funded</i> %	
Indirect Cost Rate for Federal Award (Select one. Specify % if not De Minimis)	
<input type="checkbox"/> 10% De Minimis <b>OR</b> <input type="checkbox"/> % Federally Negotiated Indirect Cost Rate <b>OR</b> <input type="checkbox"/> % Negotiated with DSS (to be used only if vendor previously had a FNICR, but does not have one currently. This must be approved by DFAS CSU)	
Completed By:	Date:

Federal Award Information (To Be Completed by DFAS Grants Unit)	
Federal Granting Agency: US Department of Health and Human Services	
Grant Name: Temporary Assistance for Needy Families	
Catalog of Federal Domestic Assistance (CFDA) Number: 93.558	
For Expenditures Reimbursed by DSS through 09/30/ 18 :	
Grant Award Year: FY2018	
Grant Award Number: 1801MOTANF	
Federal Award Date: 10/01/2017	
For Expenditures Reimbursed by DSS 10/01/ through Contract End Date:	
Grant Award Year:	
Grant Award Number:	
Federal Award Date:	
Completed By: Shereen Kline	Date: 06/21/2018

*\*Per 2 CFR 200.331, when some of this information is not available, provide the best information available to describe the Federal award and subaward. If any of these data elements change, changes will be included in a subsequent subaward modification.*

---

**From:** Kline, Shereen  
**Sent:** Thursday, June 21, 2018 8:21 AM  
**To:** Benne, Joy  
**Cc:** Frazer, Sheena  
**Subject:** RE: A2A Grant Info for FY2019  
**Attachments:** A2A federal-funds-disclosure.pdf

Hi Joy

Please see the attached.

Best Regards

**Shereen Kline**  
**Fiscal and Administrative Manager**  
**Division of Finance and Administrative Services**  
**Missouri Department of Social Services**  
**(573) 751-8934**

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---

**From:** Frazer, Sheena  
**Sent:** Wednesday, June 20, 2018 4:59 PM  
**To:** Kline, Shereen  
**Cc:** Benne, Joy  
**Subject:** FW: A2A Grant Info for FY2019

Please complete a federal funds disclosure form to disclose FY18 TANF funds in the top section for expenditures through 09/30/18 and the bottom portion will be blank.

*Sheena Frazer*  
Grants Unit Manager  
Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7302 / Fax: (573) 751-7598  
Email: [Sheena.Frazer@dss.mo.gov](mailto:Sheena.Frazer@dss.mo.gov)

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---

**From:** Benne, Joy  
**Sent:** Wednesday, June 20, 2018 3:36 PM  
**To:** Frazer, Sheena  
**Subject:** RE: A2A Grant Info for FY2019

July 1, 2018 through June 30, 2019

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Frazer, Sheena  
**Sent:** Wednesday, June 20, 2018 3:36 PM  
**To:** Benne, Joy; Kline, Shereen  
**Subject:** RE: A2A Grant Info for FY2019

What is the contract period?

*Sheena Frazer*

Grants Unit Manager  
Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7302 / Fax: (573) 751-7598  
Email: [Sheena.Frazer@dss.mo.gov](mailto:Sheena.Frazer@dss.mo.gov)

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---

**From:** Benne, Joy  
**Sent:** Wednesday, June 20, 2018 3:30 PM  
**To:** Frazer, Sheena; Kline, Shereen  
**Subject:** A2A Grant Info for FY2019  
**Importance:** High

I have FSD asking for FY2019 grant info for the A2A program....along with the contractor information. Could you provide that to me? Listed below is FY18 information

Federal Granting Agency: Administration for Children and Families (ACF)  
Grant Name: Temporary Assistance for Needy Families (TANF) program  
Grant Award Year: FFY2017  
Grant Award # (FAIN): 1701MOTANF  
Catalog of Federal Domestic Assistance (CFDA) Number: 93.558

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services

Broadway State Office Building  
221 W. High St., Room 310 - P.O. Box 1082  
Jefferson City, MO 65102-1082  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

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Federal Funds Disclosure Information*	
Pass-through Entity Information (To be completed by DFAS Procurement Unit)	
Missouri Department of Social Services	
Contact Information:	
Contract Specific Information (To be completed by DFAS Procurement Unit)	
Subrecipient Name:	
Contract Number:	
Period of Performance (Contract) Start and End Dates:	through
Federal Funds Committed to Subrecipient for Subaward: <i>If not the full contract amount, also note the % of the contract which is Federally funded</i> %	
Indirect Cost Rate for Federal Award (Select one. Specify % if not De Minimis)	
<input type="checkbox"/> 10% De Minimis <b>OR</b> <input type="checkbox"/> % Federally Negotiated Indirect Cost Rate <b>OR</b> <input type="checkbox"/> % Negotiated with DSS (to be used only if vendor previously had a FNICR, but does not have one currently. This must be approved by DFAS CSU)	
Completed By:	Date:

Federal Award Information (To Be Completed by DFAS Grants Unit)	
Federal Granting Agency: US Department of Health and Human Services	
Grant Name: Temporary Assistance for Needy Families	
Catalog of Federal Domestic Assistance (CFDA) Number: 93.558	
For Expenditures Reimbursed by DSS through 09/30/ 18 :	
Grant Award Year: FY2018	
Grant Award Number: 1801MOTANF	
Federal Award Date: 10/01/2017	
For Expenditures Reimbursed by DSS 10/01/ through Contract End Date:	
Grant Award Year:	
Grant Award Number:	
Federal Award Date:	
Completed By: Shereen Kline	Date: 06/21/2018

*\*Per 2 CFR 200.331, when some of this information is not available, provide the best information available to describe the Federal award and subaward. If any of these data elements change, changes will be included in a subsequent subaward modification.*

---

**From:** Williams, Levi  
**Sent:** Thursday, June 21, 2018 1:13 PM  
**To:** Wilcoxson, Kathleen  
**Subject:** RE: New Sliders for Internet  
**Attachments:** Update the Sliders on myDSS v1.docx

Here's my ticket to go with the Sliders.

## Levi Williams

Public Information Specialist II  
FSD Director's Office Communications

Missouri Department of Social Services  
Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65102  
Phone: 573-526-2879

---

**From:** Wilcoxson, Kathleen  
**Sent:** Thursday, June 21, 2018 11:42 AM  
**To:** Williams, Levi <[Levi.Williams@dss.mo.gov](mailto:Levi.Williams@dss.mo.gov)>  
**Cc:** Pilz, Cameron <[Cameron.Pilz@dss.mo.gov](mailto:Cameron.Pilz@dss.mo.gov)>  
**Subject:** New Sliders for Internet

Levi,

Please create a ticket to UPDATE the Sliders on the Internet (Let me check before submitting):

Child Abuse – KEEP SAME  
SkillUP – KEEP SAME

LIHEAP – Summer (replace existing)  
Jobs – (replace existing)  
HITE – (replace existing)

Summer Food Program – NEW  
Paternity – NEW  
Alternatives to Abortion – NEW

*Kathleen S. Wilcoxson, MPA*  
*Public Information Administrator*  
*FSD Director's Office Communications*

---

Missouri Department of Social Services  
Family Support Division  
P.O. Box 2320

Jefferson City, MO 65102  
Phone: 573-526-4799  
Fax: 573-751-0507  
Email: [kathleen.wilcoxson@dss.mo.gov](mailto:kathleen.wilcoxson@dss.mo.gov)

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**Update the Sliders** on: <https://mydss.mo.gov/services>

**Replace** the Slider for **LIHEAP** (the one with the thermostat) with the following attached file:

Slide2 – LIHEAP Summer.png

Link Slider to: <https://dss.mo.gov/fsd/energy-assistance/>

Also, **Replace** the **Jobs.mo.gov** slider with the following attached file:

Slide4 – Jobs.mo.gov.png

Link Slider to: <https://jobs.mo.gov/>

Also, **Replace** the **HITE** slider with the following attached file:

Slide8 - HITE.png

Link Slider to: <https://mydss.mo.gov/hpog-hite>

**Add** the following sliders to <https://mydss.mo.gov/services>:

Attached File: Slide3 - Summer Food Program.png

Link Slider to: <https://health.mo.gov/sfsp>

Attached File: Slide5 - Paternity.png

Link Slider to: <https://dss.mo.gov/child-support/establish-paternity.htm>

Attached File: Slide7 - Alternatives to Abortion.png

Link Slider to: <https://dss.mo.gov/fsd/a2a/>

---

**From:** Jacobs, Gina M  
**Sent:** Thursday, June 21, 2018 2:08 PM  
**To:** Benne, Joy  
**Subject:** RE: Alternatives to Abortion - FY19 Renewal and Attachment Updates

Thank you.

Gina M. Jacobs  
Deputy Director  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
615 Howerton Court  
Jefferson City, MO 65102-1643

(573) 526-7832 - Voice  
(573) 526-4678 - Fax

---

**From:** Benne, Joy  
**Sent:** Thursday, June 21, 2018 8:02 AM  
**To:** Jacobs, Gina M  
**Subject:** RE: Alternatives to Abortion - FY19 Renewal and Attachment Updates

Thank you. I will move it forward for approvals.

I received your voicemail in regard to the Major Parent Deeming (Attachment 2A). The amount for number of persons one and two are the same as they are one in the same.

Joy E Benne, Fiscal Administrative Mgr.

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Jacobs, Gina M  
**Sent:** Wednesday, June 20, 2018 5:31 PM  
**To:** Benne, Joy  
**Subject:** RE: Alternatives to Abortion - FY19 Renewal and Attachment Updates

It looks good. You're good to go on this one!

Thanks,

Gina M. Jacobs  
Deputy Director  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
615 Howerton Court  
Jefferson City, MO 65102-1643

(573) 526-7832 - Voice  
(573) 526-4678 - Fax

---

**From:** Benne, Joy  
**Sent:** Wednesday, June 20, 2018 9:34 AM  
**To:** Jacobs, Gina M  
**Subject:** Alternatives to Abortion - FY19 Renewal and Attachment Updates

Gina,

Attached for your review and approval is the FY2019 Alternatives to Abortion Program Services. In FY2019 the contracts will exercise the 2<sup>nd</sup> of 3 renewal options, funding amounts are the same as FY2018, and several attachments (Income Guidelines, Survey, Request for other Services, and Quarterly Expenditure Report) are being updated. I send their invoice out after the award with the amounts included.

Let me know your thoughts.

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Broadway State Office Building  
221 W. High St., Room 310 - P.O. Box 1082  
Jefferson City, MO 65102-1082  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

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---

**From:** Wilcoxson, Kathleen  
**Sent:** Thursday, June 21, 2018 2:43 PM  
**To:** Williams, Levi  
**Subject:** RE: New Sliders for Internet  
**Attachments:** Update the Sliders on myDSS v2 - kw.docx

Levi,

I made several edits (see attached). Some of the edits are the same as we discussed previously. Please remember to:

- Give instructions at the beginning summarizing the edits
- Use HLM concepts to group/separate out the separate pieces of the ticket'

This will make is easier for ITSD to understand the ticket; they can process it faster (less follow-up questions to clarify); and, it will reduce the potential for errors on the website.

***Kathleen S. Wilcoxson, MPA***

*Public Information Administrator  
FSD Director's Office Communications*

---

Missouri Department of Social Services  
Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65102  
Phone: 573-526-4799  
Fax: 573-751-0507  
Email: [kathleen.wilcoxson@dss.mo.gov](mailto:kathleen.wilcoxson@dss.mo.gov)

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---

**From:** Williams, Levi  
**Sent:** Thursday, June 21, 2018 1:13 PM  
**To:** Wilcoxson, Kathleen <[kathleen.Wilcoxson@dss.mo.gov](mailto:kathleen.Wilcoxson@dss.mo.gov)>  
**Subject:** RE: New Sliders for Internet

Here's my ticket to go with the Sliders.

**Levi Williams**

Public Information Specialist II  
FSD Director's Office Communications

Missouri Department of Social Services  
Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65102  
Phone: 573-526-2879

---

**From:** Wilcoxson, Kathleen  
**Sent:** Thursday, June 21, 2018 11:42 AM  
**To:** Williams, Levi <[Levi.Williams@dss.mo.gov](mailto:Levi.Williams@dss.mo.gov)>  
**Cc:** Pilz, Cameron <[Cameron.Pilz@dss.mo.gov](mailto:Cameron.Pilz@dss.mo.gov)>  
**Subject:** New Sliders for Internet

Levi,

Please create a ticket to UPDATE the Sliders on the Internet (Let me check before submitting):

Child Abuse – KEEP SAME  
SkillUP – KEEP SAME

LIHEAP – Summer (replace existing)  
Jobs – (replace existing)  
HITE – (replace existing)

Summer Food Program – NEW  
Paternity – NEW  
Alternatives to Abortion – NEW

***Kathleen S. Wilcoxson, MPA***

*Public Information Administrator  
FSD Director's Office Communications*

---

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## **Update the Sliders** on: <https://mydss.mo.gov/services>

We have five sliders currently on this page in the upper right-hand corner. We want to replace 3, add 3, and keep 2 (see below) for a final total of 8 sliders:

### **Replace these 3:**

**LIHEAP** (the one with the thermostat) with the following attached file:

Slide2 – LIHEAP Summer.png

Link Slider to: <https://dss.mo.gov/fsd/energy-assistance/>

**Jobs.mo.gov** slider with the following attached file:

Slide4 – Jobs.mo.gov.png

Link Slider to: <https://jobs.mo.gov/>

**HITE** slider with the following attached file:

Slide8 - HITE.png

Link Slider to: <https://mydss.mo.gov/hpog-hite>

### **ADD these 3:**

#### **Summer Food Program**

Attached File: Slide3 - Summer Food Program.png

Link Slider to: <https://health.mo.gov/sfsp>

#### **Paternity**

Attached File: Slide5 - Paternity.png

Link Slider to: <https://dss.mo.gov/child-support/establish-paternity.htm>

#### **Alternatives to Abortion**

Attached File: Slide7 - Alternatives to Abortion.png

Link Slider to: <https://dss.mo.gov/fsd/a2a/>

### **KEEP these 2:**

**SkillUP**

**Child Abuse**

---

**From:** Wilcoxson, Kathleen  
**Sent:** Thursday, June 21, 2018 3:10 PM  
**To:** Wilcoxson, Kathleen  
**Subject:** ISSUE Tickets: New Sliders for Internet  
**Attachments:** Update the Sliders on myDSS v2 - kw.docx; Update the Sliders on myDSS v1 - Levi.docx

ISSUE Tickets: New Sliders for Internet

I talked with Levi about this issue (see below). This is a “repeat” issue. We have discussed this before, but he doesn’t seem to understand the importance, or the value in doing tickets in a way that will make it easier and faster for ITSD, and to reduce the potential for errors.

I will track to see how the next few ticket go.

***Kathleen S. Wilcoxson, MPA***

*Public Information Administrator  
FSD Director’s Office Communications*

---

Missouri Department of Social Services  
Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65102  
Phone: 573-526-4799  
Fax: 573-751-0507  
Email: [kathleen.wilcoxson@dss.mo.gov](mailto:kathleen.wilcoxson@dss.mo.gov)

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**From:** Wilcoxson, Kathleen  
**Sent:** Thursday, June 21, 2018 2:43 PM  
**To:** Williams, Levi <[Levi.Williams@dss.mo.gov](mailto:Levi.Williams@dss.mo.gov)>  
**Subject:** RE: New Sliders for Internet

Levi,

I made several edits (see attached). Some of the edits are the same as we discussed previously. Please remember to:

- Give instructions at the beginning summarizing the edits
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This will make is easier for ITSD to understand the ticket; they can process it faster (less follow-up questions to clarify); and, it will reduce the potential for errors on the website.

***Kathleen S. Wilcoxson, MPA***

*Public Information Administrator  
FSD Director’s Office Communications*

---

Missouri Department of Social Services  
Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65102  
Phone: 573-526-4799  
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---

**From:** Williams, Levi  
**Sent:** Thursday, June 21, 2018 1:13 PM  
**To:** Wilcoxson, Kathleen <[kathleen.wilcoxson@dss.mo.gov](mailto:kathleen.wilcoxson@dss.mo.gov)>  
**Subject:** RE: New Sliders for Internet

Here's my ticket to go with the Sliders.

## Levi Williams

Public Information Specialist II  
FSD Director's Office Communications

Missouri Department of Social Services  
Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65102  
Phone: 573-526-2879

---

**From:** Wilcoxson, Kathleen  
**Sent:** Thursday, June 21, 2018 11:42 AM  
**To:** Williams, Levi <[Levi.Williams@dss.mo.gov](mailto:Levi.Williams@dss.mo.gov)>  
**Cc:** Pilz, Cameron <[Cameron.Pilz@dss.mo.gov](mailto:Cameron.Pilz@dss.mo.gov)>  
**Subject:** New Sliders for Internet

Levi,

Please create a ticket to UPDATE the Sliders on the Internet (Let me check before submitting):

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SkillUP – KEEP SAME

LIHEAP – Summer (replace existing)  
Jobs – (replace existing)  
HITE – (replace existing)

Summer Food Program – NEW  
Paternity – NEW  
Alternatives to Abortion – NEW

*Kathleen S. Wilcoxson, MPA*  
*Public Information Administrator*  
*FSD Director's Office Communications*

---

Missouri Department of Social Services  
Family Support Division



P.O. Box 2320  
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**Update the Sliders** on: <https://mydss.mo.gov/services>

**Replace** the Slider for **LIHEAP** (the one with the thermostat) with the following attached file:

Slide2 – LIHEAP Summer.png

Link Slider to: <https://dss.mo.gov/fsd/energy-assistance/>

Also, **Replace** the **Jobs.mo.gov** slider with the following attached file:

Slide4 – Jobs.mo.gov.png

Link Slider to: <https://jobs.mo.gov/>

Also, **Replace** the **HITE** slider with the following attached file:

Slide8 - HITE.png

Link Slider to: <https://mydss.mo.gov/hpog-hite>

**Add** the following sliders to <https://mydss.mo.gov/services>:

Attached File: Slide3 - Summer Food Program.png

Link Slider to: <https://health.mo.gov/sfsp>

Attached File: Slide5 - Paternity.png

Link Slider to: <https://dss.mo.gov/child-support/establish-paternity.htm>

Attached File: Slide7 - Alternatives to Abortion.png

Link Slider to: <https://dss.mo.gov/fsd/a2a/>

## **Update the Sliders** on: <https://mydss.mo.gov/services>

We have five sliders currently on this page in the upper right-hand corner. We want to replace 3, add 3, and keep 2 (see below) for a final total of 8 sliders:

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**LIHEAP** (the one with the thermostat) with the following attached file:

Slide2 – LIHEAP Summer.png

Link Slider to: <https://dss.mo.gov/fsd/energy-assistance/>

**Jobs.mo.gov** slider with the following attached file:

Slide4 – Jobs.mo.gov.png

Link Slider to: <https://jobs.mo.gov/>

**HITE** slider with the following attached file:

Slide8 - HITE.png

Link Slider to: <https://mydss.mo.gov/hpog-hite>

### **ADD these 3:**

#### **Summer Food Program**

Attached File: Slide3 - Summer Food Program.png

Link Slider to: <https://health.mo.gov/sfsp>

#### **Paternity**

Attached File: Slide5 - Paternity.png

Link Slider to: <https://dss.mo.gov/child-support/establish-paternity.htm>

#### **Alternatives to Abortion**

Attached File: Slide7 - Alternatives to Abortion.png

Link Slider to: <https://dss.mo.gov/fsd/a2a/>

### **KEEP these 2:**

**SkillUP**

**Child Abuse**

---

**From:** Benne, Joy  
**Sent:** Thursday, June 21, 2018 3:25 PM  
**To:** Knipp, Diane  
**Subject:** RE: please see attachment  
**Attachments:** A2A Contractors & Grant Information (Letter Sized) 6-21-18.pdf

Diane,  
Let me know if this works

Joy E Benne, Fiscal Administrative Mgr.

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Benne, Joy  
**Sent:** Thursday, June 21, 2018 8:28 AM  
**To:** Knipp, Diane  
**Subject:** RE: please see attachment

Diane,  
Please see the attached for the A2A Program. Let us know if you need any additional information.  
Thanks.

Joy E Benne, Fiscal Administrative Mgr.

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Knipp, Diane  
**Sent:** Wednesday, June 20, 2018 3:38 PM  
**To:** Benne, Joy  
**Subject:** RE: please see attachment

Thank you

**Diane Knipp**

Administrative Assistant to the Director  
Family Support Division  
Howerton Court Building  
P.O. Box 2320, Jefferson City, MO 65102  
Phone: (573) 751-5222  
Email: [Diane.Knipp@dss.mo.gov](mailto:Diane.Knipp@dss.mo.gov)

---

**From:** Benne, Joy  
**Sent:** Wednesday, June 20, 2018 3:35 PM  
**To:** Knipp, Diane  
**Subject:** RE: please see attachment

I have a request into Sheena and Shereen to get the grant information. Will forward when both (names/grant) are available.

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Knipp, Diane  
**Sent:** Wednesday, June 20, 2018 3:32 PM  
**To:** Benne, Joy  
**Subject:** RE: please see attachment

If available, yes please. Thank you

**Diane Knipp**

Administrative Assistant to the Director  
Family Support Division  
Howerton Court Building  
P.O. Box 2320, Jefferson City, MO 65102  
Phone: (573) 751-5222  
Email: [Diane.Knipp@dss.mo.gov](mailto:Diane.Knipp@dss.mo.gov)

---

**From:** Benne, Joy  
**Sent:** Wednesday, June 20, 2018 3:31 PM  
**To:** Knipp, Diane  
**Subject:** RE: please see attachment

We've updated the contractor information however; the grant information is not updated. Do you need both?

**Joy E Benne, Fiscal Administrative Mgr.**

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Knipp, Diane  
**Sent:** Wednesday, June 20, 2018 3:13 PM  
**To:** Benne, Joy  
**Subject:** RE: please see attachment

Could you send by Noon on Thursday?

## Diane Knipp

Administrative Assistant to the Director  
Family Support Division  
Howerton Court Building  
P.O. Box 2320, Jefferson City, MO 65102  
Phone: (573) 751-5222  
Email: [Diane.Knipp@dss.mo.gov](mailto:Diane.Knipp@dss.mo.gov)

---

**From:** Benne, Joy  
**Sent:** Wednesday, June 20, 2018 2:47 PM  
**To:** Knipp, Diane  
**Subject:** RE: please see attachment

We are working on the updates and will send it to you.

## Joy E Benne, Fiscal Administrative Mgr.

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Knipp, Diane  
**Sent:** Wednesday, June 20, 2018 1:47 PM  
**To:** Benne, Joy  
**Subject:** please see attachment

Nancy wanted to know if you have anything more recent than June 30<sup>th</sup>. Please let us know - thx

## Diane Knipp

Administrative Assistant to the Director  
Family Support Division  
Howerton Court Building  
P.O. Box 2320, Jefferson City, MO 65102  
Phone: (573) 751-5222  
Email: [Diane.Knipp@dss.mo.gov](mailto:Diane.Knipp@dss.mo.gov)

## Alternatives to Abortion Program Services

### CS170042

Original Contract Period: February 1, 2017 through June 30, 2017

1st Renewal Option: July 1, 2017 through June 30, 2018

2nd Renewal Option: July 1, 2018 through June 30, 2019

3rd Renewal Option: July 1, 2019 through June 30, 2020

Agreement #	Contractor Name	Vendor Number	MB Number	DUNS#	Address	City	State	Zip code	Phone	Contact Person Name	Contact Person Email Address
CS170042001	Alliance for Life - Missouri Inc				106 5th Ave S, PO Box 65	Greenwood	MO	64034-8627	(816) 806-4168	Mary Taylor	<a href="mailto:mary@allianceforlifemissouri.com">mary@allianceforlifemissouri.com</a>
CS170042002	Catholic Charities of Southern Missouri				424 East Monastery Street	Springfield	MO	65807	(417) 720-4213	Kyle Schott	<a href="mailto:kschott@ccsomo.org">kschott@ccsomo.org</a>
CS170042003	Faith Maternity Care				1900 Lake Drive	Fulton	MO	65251	(573) 642-7414	Laura Griggs	<a href="mailto:treasurer@faithmaternity.com">treasurer@faithmaternity.com</a>
CS170042004	The Haven of Grace				1225 Warren	St Louis	MO	63106	(314) 621-6507	Kimberly Brown; Nicole Feltes	<a href="mailto:kbrown@havenofgracestl.org">kbrown@havenofgracestl.org</a> ; <a href="mailto:NFeltes@havenofgracestl.org">NFeltes@havenofgracestl.org</a>
CS170042005	Laclede County Pregnancy Support Center				PO Box 373, 525 S. Washington	Lebanon	MO	65534	(417) 532-8555	Shawn Dickerson or Abigail Chisom	<a href="mailto:info@psclebenon.org">info@psclebenon.org</a> ; <a href="mailto:Abigail@psclebenon.org">Abigail@psclebenon.org</a>
CS170042006	The LIGHT House Inc				400 West Meyer Blvd, PO Box 22553	Kansas City	MO	64113	(816) 361-2233	Julie Ball	<a href="mailto:julie.ball@mbch.org">julie.ball@mbch.org</a>
CS170042007	Lutheran Family and Childrens Services of Missouri				9666 Olive Blvd, Ste 400	St Louis	MO	63132-3025	(314) 787-5100	Debbie Wolf Michelle Meier	<a href="mailto:Debbie@lfcs.org">Debbie@lfcs.org</a> <a href="mailto:michelle.meier@lfcs.org">michelle.meier@lfcs.org</a>
CS170042008	Mothers Refuge				14400 E. 42nd St. S., Ste #220	Independence	MO	64055-4871	(816) 353-8070	Angel McDonald	<a href="mailto:programdirector@mothersrefuge.org">programdirector@mothersrefuge.org</a>
CS170042009	Nurses for Newborns				7259 Lansdowne, Ste. 100	St Louis	MO	63119	(314) 544-3433	Amanda Murray Ext. 321	<a href="mailto:amanda.murray@nursesfornewborns.org">amanda.murray@nursesfornewborns.org</a>

#### **TANF Grant Information**

1st Renewal Period (July 1, 2017 through June 30, 2018)

Federal Granting Agency: Administration for Children and Families (ACF)

Grant Name: Temporary Assistance for Needy Families (TANF) program

Grant Award Year: FFY2017

Grant Award # (FAIN): 1701MOTANF

Catalog of Federal Domestic Assistance (CFDA) Number: 93.558

2nd Renewal Period (July 1 2018 through June 30 2019)

Federal Granting Agency: US Department of Health and Human Services

Grant Name: Temporary Assistance for Needy Families

Grant Award Year: FFY2018

Grant Award # (FAIN): 1801MOTANF

Catalog of Federal Domestic Assistance (CFDA) Number: 93.558

Will have to be updated after September 30, 2018.

---

**From:** Morrison, Mary Ann  
**Sent:** Thursday, June 21, 2018 3:28 PM  
**To:** PURCHMAIL; Dawson, Stacia L.; Kleffner, Julie  
**Subject:** NR 886 DFA18000259-Alternatives to Abortion-FY19 Renewal  
**Attachments:** A2A Contract List & FY19 Updates.docx; A2A Budget (FY19 Renewal) 6-21-18.xlsx; Attachment 2 Minor Parent Income Determination Formula 6-15-18.docx; Attachment 2A 2018 Income Guidelines (Weekly-Monthly-Annual) 6-19-18.pdf; Attachment 3 Request for Preauthorization for Other Services REVISED 5-1....docx; Attachment 4 Client Survey Instructions (Jan-Jun 2018) REVISED 3-27-18.docx; Attachment 4A Customer Satisfaction Survey 3-27-18.docx; Attachment 5 Quarterly Expenditure Report Template (FY18) REVISED 3-21-1....xlsx

In reference to NR 886 DFA18000259, please renew Alternatives to Abortion contracts/ CS170042001 through CS170042009 for FY19.

The attached backup documentation includes the amendment verbiage, updated attachment and FY19 budget amounts for each contract (column G/highlighted in yellow).

*Prior to sending out for signature, please provide a copy of the amendments for program review.*

Please contact me with any questions.

Thank you.

**Mary Ann Morrison, Procurement Officer II**  
Missouri Department of Social Services  
Division of Finance & Administrative Services (DFAS)  
615 Howerton Court/P.O. Box 1643  
Jefferson City, MO 65102-1643

Phone: (573) 526-3433

Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

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## **ALTERNATIVES TO ABORTION CONTRACT LIST (CS170042)**

Alliance for Life – Missouri (001)  
Catholic Charities of Southern MO (002)  
Faith Maternity Care (003)  
The Haven of Grace (004)  
Laclede County Pregnancy Support Center (005)  
Light HOUSE Inc (006)  
Lutheran Family & Children's Services of Missouri (007)  
Mother's Refuge (008)  
Nurses for Newborns (009)

### **FY2019 Updates**

- Renew contract for the period of July 1, 2018 through June 30, 2019
  - Proposed allocation are on the A2A Budget attachment (use yellow highlighted figures for each contractor/region)
- Per House Bill 2011, Section 11.115, lines 3-5 the A2A program is to provide “diapers and other infant hygiene products to women who qualify for alternative to abortion services”. Section 2.3.2.o Supplies will need to be updated to include this new requirement.
- Delete and replace in their entirety the follow attachments:
  - Attachment 2 Minor Parent Income Determination Formula
  - Attachment 2A 2018 Income Guidelines
  - Attachment 3 Request for Preauthorization for Other Services
  - Attachment 4 Client Survey Instructions
  - Attachment 4A Customer Satisfaction Survey
  - Attachment 5 Quarterly Expenditure Report Template
    - This needs to be sent in Excel format

## **ATTACHMENT 2**

### **MINOR PARENT INCOME DETERMINATION FORMULA**

(Revised June 2018)

**NOTE:** The “minor parent's parent” will be referred to as the “major parent”.

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

**NOTE:** Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

**NOTE:** DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
  - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 2A) for the major parent and their dependents in the household (do not include the minor parent and child).
    - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
  - 2) A \$90 work expense standard for each employed major parent.
  - 3) An amount equal to the full need standard (see Attachment 2A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.

- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

**EXAMPLE:** Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$\$3,000 - 1,732$  (100% of the Federal Poverty Level for 3) = 1,268

$\$1,268 - \$90 = 1,178$

$\$1,178 - \$846$  (full need standard for 3) = \$332

\$332 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

## Attachment 2A

### 2018 INCOME GUIDELINES

(Revised June 2018)

#### 185% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$22,459.00	\$30,451.00	\$38,443.00	\$46,435.00	\$54,427.00	\$62,419.00	\$70,411.00	\$78,403.00	\$86,395.00	\$94,387.00	\$102,379.00
<b>Monthly Income</b>	\$1,872.00	\$2,538.00	\$3,204.00	\$3,870.00	\$4,536.00	\$5,202.00	\$5,868.00	\$6,534.00	\$7,200.00	\$7,866.00	\$8,532.00
<b>Weekly Income</b>	\$431.90	\$585.60	\$739.29	\$892.98	\$1,046.67	\$1,200.37	\$1,354.06	\$1,507.75	\$1,661.44	\$1,815.13	\$1,968.83
<b>Bi-weekly Income</b>	\$863.81	\$1,171.19	\$1,478.58	\$1,785.96	\$2,093.35	\$2,400.73	\$2,708.12	\$3,015.50	\$3,322.88	\$3,630.27	\$3,937.65
<b>Hourly wage</b>	\$10.80	\$14.64	\$18.48	\$22.32	\$26.17	\$30.01	\$33.85	\$37.69	\$41.54	\$45.38	\$49.22

#### Major Parent Deeming

#### 100% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$1,240.00	\$16,460.00	\$20,780.00	\$25,100.00	\$29,420.00	\$33,740.00	\$38,060.00	\$42,380.00	\$46,700.00	\$51,020.00	\$55,340.00
<b>Full Need Standard - Annual</b>	\$8,136.00	\$8,136.00	\$10,152.00	\$11,880.00	\$13,476.00	\$14,964.00	\$16,464.00	\$17,868.00	\$19,272.00	\$20,664.00	\$22,068.00
<b>Monthly Income</b>	\$1,012.00	\$1,372.00	\$1,732.00	\$2,092.00	\$2,452.00	\$2,812.00	\$3,172.00	\$3,532.00	\$3,892.00	\$4,252.00	\$4,612.00
<b>Full Need Standard - Monthly</b>	\$678.00	\$678.00	\$846.00	\$990.00	\$1,123.00	\$1,247.00	\$1,372.00	\$1,489.00	\$1,606.00	\$1,722.00	\$1,839.00
<b>Weekly Income</b>	\$23.85	\$316.54	\$399.62	\$482.69	\$565.77	\$648.85	\$731.92	\$815.00	\$898.08	\$981.15	\$1,064.23
<b>Full Need Standard - Weekly</b>		\$312.92	\$390.46	\$456.92	\$518.31	\$575.54	\$633.23	\$687.23	\$741.23	\$794.77	\$848.77

# Attachment 3

## Department of Social Services

### Reimbursement Request for Other Services

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

**If applicable, subcontractors are to return this form to their contractor for prior approval.**

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov).*

Authorized signature of Subcontractor: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_\_ Denied \_\_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

**Attachment 4**  
**Alternatives to Abortion (A2A) Program**  
**Client Satisfaction Survey Directions**

1. To save time, and funding, the survey can be printed on one (1) page (duplexed/printed on both sides of one [1] sheet of paper).
2. Pursuant to section 2.4.4 of the A2A contract, every June and December the contractor must administer the Client Satisfaction Survey (survey) to all A2A clients who received A2A program services. Each client should complete one (1) survey.
3. The client should be given a plain sealable envelope with the Contractor's name on the outside of the envelope along with a clean copy of the survey (e.g. survey should not be highlighted or marked in any way). For contractors with subcontractors, the contractor's name, as well as the subcontractor's name, shall both appear on the outside of the envelope. The client shall complete the survey, while not in the presence of the contractor or subcontractor, and return the survey, back to the contractor, in a sealed envelope.
4. Please forward all sealed envelopes no later than July 15 or January 15 to following address:

Alternatives to Abortion Program  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643

**Attachment 4A****ALTERNATIVES TO ABORTION (A2A) PROGRAM  
CLIENT SATISFACTION SURVEY****A2A Provider:****Services Received:** ☐ January through June☐ July through December**How did you hear about the A2A program?** ☐ A2A Website ☐ Internet ☐ Friend☐ Other \_\_\_\_\_**Please rate your experience with the A2A program service you received by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied

3-Neutral

4-Satisfied

5-Extremely Satisfied

NA-Not Applicable/Service not received

<b>A2A Program Service</b>	<b>Circle Rating</b>					
Case Management	1	2	3	4	5	NA
Child Care (babysitting)	1	2	3	4	5	NA
Clothing (mom and/or baby)	1	2	3	4	5	NA
Continuing Education/School	1	2	3	4	5	NA
Counseling	1	2	3	4	5	NA
Domestic Abuse Prevention	1	2	3	4	5	NA
Drug/Alcohol Testing/Treatment	1	2	3	4	5	NA
Finding a Home/Housing Assistance	1	2	3	4	5	NA
Food	1	2	3	4	5	NA
Going Back to School	1	2	3	4	5	NA
Help with an Adoption	1	2	3	4	5	NA
Involving and Teaching the Baby's Father	1	2	3	4	5	NA
Job Placement	1	2	3	4	5	NA
Job Training	1	2	3	4	5	NA
Medical Care Referrals for Me	1	2	3	4	5	NA
Medical Care Referrals for my Baby	1	2	3	4	5	NA
Paying Utilities (Electric/Gas Bills)	1	2	3	4	5	NA
Prenatal Care Referrals	1	2	3	4	5	NA
Supplies	1	2	3	4	5	NA
Teaching Parenting Skills	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Ultrasound Referrals	1	2	3	4	5	NA



**Please rate your experience with the A2A program service provider by using the following scale:**

1-Extremely Dissatisfied      2-Dissatisfied    3-Neutral      4-Satisfied      5-Extremely Satisfied

A2A Service Provider	Circle Rating				
Schedule appointment(s) which are convenient for me.	1	2	3	4	5
Seen at my appointment time(s).	1	2	3	4	5
Able to decide which service(s) I want/need.	1	2	3	4	5
I fully understand the service(s) I am receiving.	1	2	3	4	5
The A2A program service(s) I receive have assisted me in continuing my pregnancy.	1	2	3	4	5
Overall satisfaction with the A2A program services.	1	2	3	4	5
I would recommend this A2A provider to a friend or family member.	1	2	3	4	5

**Comments:**

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**Missouri Department of Social Services  
A2A Quarterly Expenditure Report**

Agency: <span style="color: red;">[Insert Agency Name]</span>	Contract Number:
---	------------------

*Program Year July 1, 2018 - June 30, 2019*

Program Quarter: 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter ☐

Revenue	Federal (TANF)
---------	----------------

Revenue Request	\$ -
-----------------	------

Indirect Administrative Costs Calculations	
--	--

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:	\$ -
-------------------	------

Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
--	-------

Total Indirect Administrative Costs	\$ -
-------------------------------------	------

**OR**

**Option 2: 10 % De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost	\$ -
---	------

10%

Total Indirect Administrative Costs	\$ -
-------------------------------------	------

Direct Administrative Costs	Federal (TANF)
-----------------------------	----------------

Program Salaries and Wages	\$ -
----------------------------	------

Employee Benefits	\$ -
-------------------	------

Employee Travel	\$ -
-----------------	------

Employee Training	\$ -
-------------------	------

Office Rent/Space	\$ -
-------------------	------

Office Utilities	\$ -
------------------	------

Facility Insurance	\$ -
--------------------	------

Office Supplies (under \$5,000)	\$ -
---------------------------------	------

Equipment ( Capitol Equipment over \$5,000 threshold)	\$ -
---	------

Office Communications	\$ -
-----------------------	------

Office Repairs and Maintenance	\$ -
--------------------------------	------

Contract/Consulting	\$ -
---------------------	------

Other (list):	\$ -
---------------	------

(add other categories as needed)	\$ -
----------------------------------	------

	\$ -
--	------

Total Direct Administrative Cost	\$ -
----------------------------------	------

**Less:**

Equipment (Capital Equipment over the \$5,000 threshold)	0
--	---

Contracting/Consulting (amount of each contract service over \$25,000)	0
--	---

Other based on definition	0
---------------------------	---

Modified Total Direct Administrative Cost	\$ -
---	------

Participant Services	Federal (TANF)
----------------------	----------------

Transportation	\$ -
----------------	------

Job Training	\$ -
--------------	------

Tuition Assistance	\$ -
--------------------	------

Contracted Residential Care	\$ -
-----------------------------	------

Utility Assistance	\$ -
--------------------	------

Emergency Shelter	\$ -
-------------------	------

Housing Assistance	\$ -
--------------------	------

(add others as needed)	\$ -
------------------------	------

	\$ -
--	------

Total Participant Costs	\$ -
-------------------------	------

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of <span style="color: red;">[Insert Agency Name]</span>	Date
---	------

---

**From:** Morrison, Mary Ann  
**Sent:** Thursday, June 21, 2018 3:28 PM  
**To:** PURCHMAIL; Dawson, Stacia L.; Kleffner, Julie  
**Subject:** NR 886 DFA18000259-Alternatives to Abortion-FY19 Renewal  
**Attachments:** A2A Contract List & FY19 Updates.docx; A2A Budget (FY19 Renewal) 6-21-18.xlsx; Attachment 2 Minor Parent Income Determination Formula 6-15-18.docx; Attachment 2A 2018 Income Guidelines (Weekly-Monthly-Annual) 6-19-18.pdf; Attachment 3 Request for Preauthorization for Other Services REVISED 5-1....docx; Attachment 4 Client Survey Instructions (Jan-Jun 2018) REVISED 3-27-18.docx; Attachment 4A Customer Satisfaction Survey 3-27-18.docx; Attachment 5 Quarterly Expenditure Report Template (FY18) REVISED 3-21-1....xlsx

In reference to NR 886 DFA18000259, please renew Alternatives to Abortion contracts/ CS170042001 through CS170042009 for FY19.

The attached backup documentation includes the amendment verbiage, updated attachment and FY19 budget amounts for each contract (column G/highlighted in yellow).

*Prior to sending out for signature, please provide a copy of the amendments for program review.*

Please contact me with any questions.

Thank you.

**Mary Ann Morrison, Procurement Officer II**  
Missouri Department of Social Services  
Division of Finance & Administrative Services (DFAS)  
615 Howerton Court/P.O. Box 1643  
Jefferson City, MO 65102-1643

Phone: (573) 526-3433

Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

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ALTERNATIVES TO ABORTION CONTRACT LIST (CS170042)			Original Contract Period	1st Renewal Funding	Proposed FY19 Allocations	FY19 adjustments per emails	FY19 Renewal Amt's 2nd Renewal (7/1/18 to 6/30/19) Proposed	FY19 Renewal Amt's 2nd Renewal (7/1/18 to 6/30/19) EXECUTED
Totals			\$1,554,090.36	\$6,222,988.84	\$6,272,554.00		\$6,272,554.00	\$6,272,554.00
Provider (contract# extension)	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Alliance for Life - Missouri (001)	2	\$68,800.00	\$28,666.67	\$220,166.65	\$220,166.65		\$220,166.65	
	3	\$270,000.00	\$112,500.00	\$380,681.30	\$380,681.30		\$380,681.30	
	4	\$10,000.00	\$4,166.67	\$246,385.92	\$246,385.92		\$246,385.92	
	5	\$91,332.00	\$38,055.00	\$133,229.05	\$133,229.05		\$133,229.05	
	6	\$454,504.40	\$189,376.83	\$597,304.77	\$597,304.77		\$597,304.77	
	7	\$228,000.00	\$95,000.00	\$325,682.73	\$325,682.73		\$325,682.73	
	8	\$20,000.00	\$8,333.33	\$74,768.84	\$74,768.84		\$74,768.84	
	9	\$24,000.00	\$10,000.00	\$172,118.88	\$172,118.88		\$172,118.88	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Catholic Charities of Southern MO (002)	7	\$233,458.00	\$97,274.17	\$344,847.52	\$253,019.59		\$253,019.59	
	8	\$69,698.00	\$29,040.83	\$56,076.63	\$56,076.63		\$56,076.63	
	9	\$94,500.00	\$39,375.00	\$129,089.16	\$129,089.16		\$129,089.16	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Faith Maternity Care (003)	4	\$88,870.00	\$37,029.17	\$183,323.00	\$184,789.44		\$184,789.44	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
The Haven of Grace (004)	6	\$318,156.95	\$132,565.40	\$505,633.40	\$463,841.07		\$463,841.07	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Laclede County Pregnancy Support Center (005)	5	\$60,888.00	\$25,370.00	\$60,888.00	\$88,819.36		\$88,819.36	
	7	\$114,925.00	\$47,885.42	\$84,925.00	\$252,911.13		\$252,911.13	
	8	\$38,442.00	\$16,017.50	\$30,442.00	\$56,076.63		\$56,076.63	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Light HOUSE Inc (006)	3	\$200,000.00	\$83,333.33	\$280,962.00	\$296,043.16		\$296,043.16	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Lutheran Family & Children's Services of Missouri (007)	1	\$69,783.78	\$29,076.58	\$254,665.69	\$254,665.69		\$254,665.69	
	3	\$173,996.15	\$72,498.40	\$289,190.44	\$296,170.05		\$296,170.05	
	4	\$112,597.68	\$46,915.70	\$184,789.44	\$184,789.44		\$184,789.44	
	6	\$272,711.69	\$113,629.87	\$464,039.97	\$464,039.97		\$464,039.97	
	7	\$167,087.00	\$69,619.58	\$252,911.13	\$252,911.13		\$252,911.13	
	9	\$78,716.24	\$32,798.43	\$129,089.16	\$129,089.16		\$129,089.16	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Mother's Refuge (008)	3	\$151,193.00	\$62,997.08	\$343,778.16	\$296,043.16		\$296,043.16	
	Region	MAXIMUM ANNUAL TOTAL PRICE	2/1/17 - 06/30/17	7/1/17 - 6/30/18				
Nurses for Newborns (009)	6	\$318,156.95	\$132,565.40	\$478,000.00	\$463,841.07		\$463,841.07	
Total of contracts					\$6,272,554.00		\$6,272,554.00	\$0.00
FY19 Apprporation per HB 11.115 lines 2-8					\$6,272,554.00		\$6,272,554.00	\$6,272,554.00
Balance					\$0.00		\$0.00	\$6,272,554.00
The federal funds disclosure information is below - This needs to be updated in September 2018								
Federal Granting Agency: US Department of Health and Human Services								
Grant Name: Temporary Assistance for Needy Families								
Grant Award Year: FFY2018								
Grant Award (Doc) Number: 1801MOTANF								
CFDA Number: 93.558								
Federal Award Date: 10/1/2017								
Per Sheeren Kline 6/21/2018								

## **ALTERNATIVES TO ABORTION CONTRACT LIST (CS170042)**

Alliance for Life – Missouri (001)  
Catholic Charities of Southern MO (002)  
Faith Maternity Care (003)  
The Haven of Grace (004)  
Laclede County Pregnancy Support Center (005)  
Light HOUSE Inc (006)  
Lutheran Family & Children's Services of Missouri (007)  
Mother's Refuge (008)  
Nurses for Newborns (009)

### **FY2019 Updates**

- Renew contract for the period of July 1, 2018 through June 30, 2019
  - Proposed allocation are on the A2A Budget attachment (use yellow highlighted figures for each contractor/region)
- Per House Bill 2011, Section 11.115, lines 3-5 the A2A program is to provide “diapers and other infant hygiene products to women who qualify for alternative to abortion services”. Section 2.3.2.o Supplies will need to be updated to include this new requirement.
- Delete and replace in their entirety the follow attachments:
  - Attachment 2 Minor Parent Income Determination Formula
  - Attachment 2A 2018 Income Guidelines
  - Attachment 3 Request for Preauthorization for Other Services
  - Attachment 4 Client Survey Instructions
  - Attachment 4A Customer Satisfaction Survey
  - Attachment 5 Quarterly Expenditure Report Template
    - This needs to be sent in Excel format

## **ATTACHMENT 2**

### **MINOR PARENT INCOME DETERMINATION FORMULA**

(Revised June 2018)

**NOTE:** The “minor parent's parent” will be referred to as the “major parent”.

A minor parent is defined as a parent under the age of 18, including the month turning 18. The major parent is the biological or adoptive parent of the minor parent, not a stepparent of the minor parent. The income of a major parent(s) is used in determining eligibility, if the major parent(s) lives in the same household as the minor parent. A major parent remains financially responsible for the minor parent until the month s/he reaches the age of 18.

When a minor parent requests benefits, the assistance group(s) and budgeting must be determined based on the family's situation.

If a three generation family does not file as one assistance group, the major parent's income is deemed to the minor parent's assistance group.

**NOTE:** Verification of the major parent's income is necessary to establish eligibility.

When a minor parent moves in with his/her parent(s), determine if the minor parent is included in an assistance group with his/her parent(s) or if the parent's income is deemed to him/her.

**NOTE:** DO NOT include the major parent's spouse who is a stepparent or persons in the minor parent's eligibility unit as dependents.

When the major parent's income is deemed to the minor parent, determine the portion of the major parent's income to attribute to the minor parent.

1. Obtain the major parent's monthly gross income;
2. Subtract the following from the gross earned income:
  - 1) An amount equal to 100% of the Federal Poverty Level (FPL) (see Attachment 2A) for the major parent and their dependents in the household (do not include the minor parent and child).
    - a) Dependents are persons who are or could be claimed by the major parent as a dependent for purposes of federal tax liability.
  - 2) A \$90 work expense standard for each employed major parent.
  - 3) An amount equal to the full need standard (see Attachment 2A) for the major parent and any other individuals living in the home, (whose needs are not considered in the minor parent's assistance group), who are claimed or could be claimed by the parent as dependents for purposes of federal income tax liability.

- a) Example: If two adult parents and a sibling of the minor parent live in the same household as the minor parent and her dependent child, disregard an amount equal to the full standard of need for three people.
- 4) Amounts actually paid by the major parent(s) to individuals not living in the home but who are claimed or could be claimed as dependents for federal income tax purposes.
- 5) Court-ordered alimony or child support paid by the major parent(s) for individuals not living in the household.

The remainder is shown as unearned income on the minor parent's budget.

**EXAMPLE:** Ms. Smith is a minor parent living with her mother. Also in the household are her 2 sisters. Ms. Smith's mother earns \$3,000 monthly.

$\$3,000 - 1,732$  (100% of the Federal Poverty Level for 3) = 1,268

$\$1,268 - \$90 = 1,178$

$\$1,178 - \$846$  (full need standard for 3) = \$332

\$332 is the major parent's income deemed to the minor parent.

When a minor parent reaches age 18 or moves out of his/her parent's home, the major parent's income is not deemed effective the next month.

## Attachment 2A

### 2018 INCOME GUIDELINES

(Revised June 2018)

#### 185% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$22,459.00	\$30,451.00	\$38,443.00	\$46,435.00	\$54,427.00	\$62,419.00	\$70,411.00	\$78,403.00	\$86,395.00	\$94,387.00	\$102,379.00
<b>Monthly Income</b>	\$1,872.00	\$2,538.00	\$3,204.00	\$3,870.00	\$4,536.00	\$5,202.00	\$5,868.00	\$6,534.00	\$7,200.00	\$7,866.00	\$8,532.00
<b>Weekly Income</b>	\$431.90	\$585.60	\$739.29	\$892.98	\$1,046.67	\$1,200.37	\$1,354.06	\$1,507.75	\$1,661.44	\$1,815.13	\$1,968.83
<b>Bi-weekly Income</b>	\$863.81	\$1,171.19	\$1,478.58	\$1,785.96	\$2,093.35	\$2,400.73	\$2,708.12	\$3,015.50	\$3,322.88	\$3,630.27	\$3,937.65
<b>Hourly wage</b>	\$10.80	\$14.64	\$18.48	\$22.32	\$26.17	\$30.01	\$33.85	\$37.69	\$41.54	\$45.38	\$49.22

#### Major Parent Deeming

#### 100% of Poverty

# of Persons	1	2	3	4	5	6	7	8	9	10	11
<b>Annual Income</b>	\$1,240.00	\$16,460.00	\$20,780.00	\$25,100.00	\$29,420.00	\$33,740.00	\$38,060.00	\$42,380.00	\$46,700.00	\$51,020.00	\$55,340.00
<b>Full Need Standard - Annual</b>	\$8,136.00	\$8,136.00	\$10,152.00	\$11,880.00	\$13,476.00	\$14,964.00	\$16,464.00	\$17,868.00	\$19,272.00	\$20,664.00	\$22,068.00
<b>Monthly Income</b>	\$1,012.00	\$1,372.00	\$1,732.00	\$2,092.00	\$2,452.00	\$2,812.00	\$3,172.00	\$3,532.00	\$3,892.00	\$4,252.00	\$4,612.00
<b>Full Need Standard - Monthly</b>	\$678.00	\$678.00	\$846.00	\$990.00	\$1,123.00	\$1,247.00	\$1,372.00	\$1,489.00	\$1,606.00	\$1,722.00	\$1,839.00
<b>Weekly Income</b>	\$23.85	\$316.54	\$399.62	\$482.69	\$565.77	\$648.85	\$731.92	\$815.00	\$898.08	\$981.15	\$1,064.23
<b>Full Need Standard - Weekly</b>		\$312.92	\$390.46	\$456.92	\$518.31	\$575.54	\$633.23	\$687.23	\$741.23	\$794.77	\$848.77



## Attachment 3

### Department of Social Services

### Reimbursement Request for Other Services

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, medical expenses, medications, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

**If applicable, subcontractors are to return this form to their contractor for prior approval.**

Contractor please return to *Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, P.O. Box 1643, Jefferson City, MO 65102-1643. Please scan and emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov).*

Authorized signature of Subcontractor: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature of Contractor: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved \_\_\_\_ Denied \_\_\_\_ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

**Attachment 4**  
**Alternatives to Abortion (A2A) Program**  
**Client Satisfaction Survey Directions**

1. To save time, and funding, the survey can be printed on one (1) page (duplexed/printed on both sides of one [1] sheet of paper).
2. Pursuant to section 2.4.4 of the A2A contract, every June and December the contractor must administer the Client Satisfaction Survey (survey) to all A2A clients who received A2A program services. Each client should complete one (1) survey.
3. The client should be given a plain sealable envelope with the Contractor's name on the outside of the envelope along with a clean copy of the survey (e.g. survey should not be highlighted or marked in any way). For contractors with subcontractors, the contractor's name, as well as the subcontractor's name, shall both appear on the outside of the envelope. The client shall complete the survey, while not in the presence of the contractor or subcontractor, and return the survey, back to the contractor, in a sealed envelope.
4. Please forward all sealed envelopes no later than July 15 or January 15 to following address:

Alternatives to Abortion Program  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
P.O. Box 1643  
Jefferson City, MO 65102-1643

**Attachment 4A****ALTERNATIVES TO ABORTION (A2A) PROGRAM  
CLIENT SATISFACTION SURVEY****A2A Provider:****Services Received:** ☐ January through June☐ July through December**How did you hear about the A2A program?** ☐ A2A Website ☐ Internet ☐ Friend☐ Other \_\_\_\_\_**Please rate your experience with the A2A program service you received by using the following scale:**

1-Extremely Dissatisfied

2-Dissatisfied

3-Neutral

4-Satisfied

5-Extremely Satisfied

NA-Not Applicable/Service not received

<b>A2A Program Service</b>	<b>Circle Rating</b>					
Case Management	1	2	3	4	5	NA
Child Care (babysitting)	1	2	3	4	5	NA
Clothing (mom and/or baby)	1	2	3	4	5	NA
Continuing Education/School	1	2	3	4	5	NA
Counseling	1	2	3	4	5	NA
Domestic Abuse Prevention	1	2	3	4	5	NA
Drug/Alcohol Testing/Treatment	1	2	3	4	5	NA
Finding a Home/Housing Assistance	1	2	3	4	5	NA
Food	1	2	3	4	5	NA
Going Back to School	1	2	3	4	5	NA
Help with an Adoption	1	2	3	4	5	NA
Involving and Teaching the Baby's Father	1	2	3	4	5	NA
Job Placement	1	2	3	4	5	NA
Job Training	1	2	3	4	5	NA
Medical Care Referrals for Me	1	2	3	4	5	NA
Medical Care Referrals for my Baby	1	2	3	4	5	NA
Paying Utilities (Electric/Gas Bills)	1	2	3	4	5	NA
Prenatal Care Referrals	1	2	3	4	5	NA
Supplies	1	2	3	4	5	NA
Teaching Parenting Skills	1	2	3	4	5	NA
Transportation	1	2	3	4	5	NA
Ultrasound Referrals	1	2	3	4	5	NA

**Please rate your experience with the A2A program service provider by using the following scale:**

1-Extremely Dissatisfied      2-Dissatisfied    3-Neutral      4-Satisfied      5-Extremely Satisfied

A2A Service Provider	Circle Rating				
Schedule appointment(s) which are convenient for me.	1	2	3	4	5
Seen at my appointment time(s).	1	2	3	4	5
Able to decide which service(s) I want/need.	1	2	3	4	5
I fully understand the service(s) I am receiving.	1	2	3	4	5
The A2A program service(s) I receive have assisted me in continuing my pregnancy.	1	2	3	4	5
Overall satisfaction with the A2A program services.	1	2	3	4	5
I would recommend this A2A provider to a friend or family member.	1	2	3	4	5

**Comments:**

[illegible]

**Missouri Department of Social Services  
A2A Quarterly Expenditure Report**

Agency: <span style="color: red;">[Insert Agency Name]</span>	Contract Number:
---	------------------

*Program Year July 1, 2018 - June 30, 2019*

Program Quarter: 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter ☐

Revenue	Federal (TANF)
---------	----------------

Revenue Request	\$ -
-----------------	------

**Indirect Administrative Costs Calculations**

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:	\$ -
-------------------	------

Federally Negotiated Indirect Cost Rate (FNICR): %	0.00%
--	-------

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

**OR**

**Option 2: 10 % De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost	\$ -
---	------

10%

<b>Total Indirect Administrative Costs</b>	\$ -
--	------

Direct Administrative Costs	Federal (TANF)
-----------------------------	----------------

Program Salaries and Wages	\$ -
----------------------------	------

Employee Benefits	\$ -
-------------------	------

Employee Travel	\$ -
-----------------	------

Employee Training	\$ -
-------------------	------

Office Rent/Space	\$ -
-------------------	------

Office Utilities	\$ -
------------------	------

Facility Insurance	\$ -
--------------------	------

Office Supplies (under \$5,000)	\$ -
---------------------------------	------

Equipment (Capitol Equipment over \$5,000 threshold)	\$ -
--	------

Office Communications	\$ -
-----------------------	------

Office Repairs and Maintenance	\$ -
--------------------------------	------

Contract/Consulting	\$ -
---------------------	------

Other (list):	\$ -
---------------	------

(add other categories as needed)	\$ -
----------------------------------	------

	\$ -
--	------

<b>Total Direct Administrative Cost</b>	\$ -
---	------

Less:

<span style="color: red;">Equipment (Capital Equipment over the \$5,000 threshold)</span>	0
---	---

<span style="color: red;">Contracting/Consulting (amount of each contract service over \$25,000)</span>	0
---	---

<span style="color: red;">Other based on definition</span>	0
--	---

<b>Modified Total Direct Administrative Cost</b>	\$ -
--	------

Participant Services	Federal (TANF)
----------------------	----------------

Transportation	\$ -
----------------	------

Job Training	\$ -
--------------	------

Tuition Assistance	\$ -
--------------------	------

Contracted Residential Care	\$ -
-----------------------------	------

Utility Assistance	\$ -
--------------------	------

Emergency Shelter	\$ -
-------------------	------

Housing Assistance	\$ -
--------------------	------

(add others as needed)	\$ -
------------------------	------

	\$ -
--	------

<b>Total Participant Costs</b>	\$ -
--------------------------------	------

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of [Insert Agency Name]

Date

---

**From:** Kleffner, Julie  
**Sent:** Thursday, June 21, 2018 3:35 PM  
**To:** Morrison, Mary Ann  
**Subject:** RE: NR 886 DFA18000259-Alternatives to Abortion-FY19 Renewal

I hope to get to this early next week.

---

**From:** Morrison, Mary Ann  
**Sent:** Thursday, June 21, 2018 3:28 PM  
**To:** PURCHMAIL <[purchmail@oa.mo.gov](mailto:purchmail@oa.mo.gov)>; Dawson, Stacia L. <[Stacia.Dawson@oa.mo.gov](mailto:Stacia.Dawson@oa.mo.gov)>; Kleffner, Julie <[Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)>  
**Subject:** NR 886 DFA18000259-Alternatives to Abortion-FY19 Renewal

In reference to NR 886 DFA18000259, please renew Alternatives to Abortion contracts/ CS170042001 through CS170042009 for FY19.

The attached backup documentation includes the amendment verbiage, updated attachment and FY19 budget amounts for each contract (column G/highlighted in yellow).

*Prior to sending out for signature, please provide a copy of the amendments for program review.*

Please contact me with any questions.

Thank you.

**Mary Ann Morrison, Procurement Officer II**  
Missouri Department of Social Services  
Division of Finance & Administrative Services (DFAS)  
615 Howerton Court/P.O. Box 1643  
Jefferson City, MO 65102-1643

Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

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---

**From:** Morrison, Mary Ann  
**Sent:** Thursday, June 21, 2018 3:56 PM  
**To:** Kleffner, Julie  
**Subject:** RE: NR 886 DFA18000259-Alternatives to Abortion-FY19 Renewal

I'm out on Monday (flex day), otherwise here/available the rest of the week.

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

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**To:** PURCHMAIL <[purchmail@oa.mo.gov](mailto:purchmail@oa.mo.gov)>; Dawson, Stacia L. <[Stacia.Dawson@oa.mo.gov](mailto:Stacia.Dawson@oa.mo.gov)>; Kleffner, Julie <[Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)>  
**Subject:** NR 886 DFA18000259-Alternatives to Abortion-FY19 Renewal

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*Prior to sending out for signature, please provide a copy of the amendments for program review.*

Please contact me with any questions.

Thank you.

**Mary Ann Morrison, Procurement Officer II**  
Missouri Department of Social Services  
Division of Finance & Administrative Services (DFAS)  
615 Howerton Court/P.O. Box 1643  
Jefferson City, MO 65102-1643

Phone: (573) 526-3433  
Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

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---

**From:** Benne, Joy  
**Sent:** Thursday, June 21, 2018 4:20 PM  
**To:** 'Hannah Paul'  
**Cc:** Kristin Wilmes; Fooks, Michael  
**Subject:** RE: Alternatives to Abortion Grant - New Application

Good Afternoon,

Thank you for your interest in the Alternatives to Abortion (A2A) Program Services. At the present time the Department is not accepting any new contract requests as we are currently in a four year contract cycle with nine (9) providers. You may contact the current A2A providers and see if your organization can be a subcontractor.

For more information on the Alternatives to Abortion Program Services contract and providers you can obtain copies of the original request for purchase (RFP), the awarded contracts, and how they were evaluated by visiting the following website: [https://awardedsearch.oe.mo.gov/PublicAccess/!CustomSearchPages/OA\\_AllPublicDocuments.aspx](https://awardedsearch.oe.mo.gov/PublicAccess/!CustomSearchPages/OA_AllPublicDocuments.aspx).

- Enter "RFPS30034901700042" in the "Bid Number" field and click on "Search".
- A list will appear to the right; click on the document(s) you wish to review; a new window will open with the document in PDF format.

To get notified on when the contract is placed out for bid again (sometime between July 1, 2019 through June 20, 2020) please register in MissouriBUYS at <https://missouribuys.mo.gov/>. Please follow all instructions and upload the required signed documents to ensure no delays in processing. The commodity code to use is 85101703 (Health Service Planning)

Thank you

Joy E Benne, Fiscal Administrative Mgr.

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

**From:** Hannah Paul [<mailto:hpaul@coalitionforlifetl.com>]  
**Sent:** Thursday, June 21, 2018 1:52 PM  
**To:** DFAS A2APrograms  
**Cc:** Kristin Wilmes  
**Subject:** Alternatives to Abortion Grant - New Application

To Whom It May Concern,

I am contacting you on behalf of Women's Care Connect, a pregnancy resource center and referral agency in St. Louis, Missouri that serves women experiencing crisis pregnancies in the midst of poverty and adverse circumstances. We at Women's Care Connect are interested in applying for the State of Missouri's Alternatives to Abortions grant. Could you please send any information on the requirements that this grant entails and the details of the application process? Could you also direct us to where we can apply for this grant?

Thank you very much.

Best,  
Hannah Paul

Women's Care Connect Client Care Specialist  
[hpaul@coalitionforlifetl.com](mailto:hpaul@coalitionforlifetl.com)

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